

Use this form when an employee needs to be reimbursed for mileage or any other expenses, including supplies reimbursement. Check will be issued after approval at the monthly board meeting.

Employee Name: _____ Beginning Date: ____/____/____ Ending Date: ____/____/____

Date	Destination for Mileage Expense	Total Miles	Mileage Reimbursement Effective January 2020	List Other Expenses to be Reimbursed (Hotels, meals, supplies)	Amount to be Reimbursed	Total Each Line	Account Number
			x .575 =				
			x .575 =				
			x .575 =				
			x .575 =				
			x .575 =				

Employee's Signature: _____ Date _____ Total Reimbursement \$ _____

Approval: _____
Principal/Supervisor/Superintendent

- Procedure:**
- 1) Include only one calendar month per expense report form
 - 2) Receipts required – please attach detailed receipts
 - 3) Must have supervisor's approval
 - 4) Due in the Central Office the 1st Wednesday of each month