Medford Area Public School District

Expense Reimbursement Form Submitted By: (Board Member/Employee Name) Date Approved By: (Principal/Supervisor/Admininstrator) signature required Date

- 1. Please complete the following form accurately and submit to the District Office
- 2. Itemized receipts showing what was purchased for all expenditures must be attached to this claim

<u>Employees:</u> Expenses claimed must be included in the approved school budget. Major expenses must receive prior approval from your building principal, supervisor or district administration.

(If additional lines are required, please list on page 2 of form)

Registration,

Date	City/Town & Function	Mileage	Lodging, Meals and Other	
Date	Only Fown a Function	Willougo	Otrioi	l
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
				1
	Subtotal	0.00	\$0.00	
	Subtotal (from page 2)	0.00	\$0.00	
	Total Mileage	0.00		
	(X) Rate (Rate from 1/1/24 to 6/30/24)	0.460	¢/mile	
				Grand Total
	Total Mileage Reimbursement	\$0.00	\$0.00	\$0.0