## **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.

Date	City/Town & Function	Mileage	Registration, Lodging, Meals and Other	
	Subtotal	0.00	00.02	
	Subtotal Subtotal (from page 2)	0.00	\$0.00 \$0.00	
	Total Mileage	0.00	φ0.00	
	(X) Rate ( <i>Rate from 7/1/24 to 12/31/24</i> )	0.500	¢/mile	
			r	Grand T
	Total Mileage Reimbursement	\$0.00	\$0.00	\$(

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