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

Employees: 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)

Date	City/Town & Function	Mileage	Registration, Lodging, Meals and Other	
	Subtotal	0.00	$0.00	
	Subtotal (from page 2)	0.00	$0.00	
	Total Mileage	0.00		
	(X) Rate *(Rate from 1/1/19 to 6/30/19)*	0.36	¢/mile	
	Total Mileage Reimbursement	$0.00	$0.00	Grand Total $0.00