



EMPLOYEE REIMBURSEMENT FOR EXPENSES

Submit completed forms to Mary Beth Fast, CFO, Administration Office

EMPLOYEE NAME: _____ DATE SUBMITTED: _____

DATE	MILES	TOTAL DOLLARS FOR MILES (INSERT CURRENT MILEAGE RATE)	DESTINATION	MEETING/ACTIVITY ATTENDED	EXPENSE AMOUNT	DESCRIPTION OF EXPENSE	SUBTOTAL

Employee Signature

Administrator/Director Signature

CFO Signature (approval for mileage reimbursement)

Account Code

<input type="checkbox"/>	APPROVED
<input type="checkbox"/>	DENIED

Per Board Policy Regulation 825:
 Meals are reimbursed at \$30 per day if overnight stay is required. Reimbursement for expenses during approved travel will occur upon submittal of a detailed receipt. Receipt must be submitted within thirty days from the date of occurrence. Failure to provide a detailed receipt or submit within thirty days shall make the expense a personal expense.

OFFICE USE ONLY

Requisition Entered in Accounting System (enter date): _____ Initials: _____

Purchase Order Number: _____