

REIMBURSEMENT FORM

NAME _____

DATE _____

DEPARTMENT/ACCT. NAME _____

CODE# _____

DATE	FROM	TO	PURPOSE	MILES	MEALS	HOTEL	MISC.	TOTAL
TOTAL MILES					At 45 Cents Per Mile ----->			
								TOTAL EXPENSES

ATTACH ALL RECEIPTS AND OTHER PERTINENT INFORMATION.

Forms must be in the Central Office by the first Friday of each month to be approved at the monthly Board of Education Meeting.

APPROVED: _____

Building Administrator

Date