

EXPENSE CLAIM FORM

Month / Year:

Employee Name:

Work Location:

SUPPLIES AND G	SENERAL	EXPENSES	(attach	itemized	receipts)
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DATE	VENDOR	DESCRIPTION	AMOUNT
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TOTAL SUPPLIES & GENERAL EXPENSES \$

MILEAGE (attach documentation of mileage - Google maps, odometer readings, etc.)

DATE	FROM	то	ROUND TRIP MILES	PURPOSE
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Attach additional sheets if required. TOTAL MILEAGE x \$0.70 per mile \$

TRAVEL-RELATED MEALS & LODGING (attach itemized receipts)

DATE	DESCRIPTION	AMOUNT

TRAVEL-RELATED MEAL & LODGING REIMBURSEMENT RATES

Certified Contract:

- Meals = \$35/Day for overnight or \$25/day for day events
- Lodging = Conference rate or \$100/nt, whichever is less

Classified Contract

- Meals = \$10 breakfast of lunch, \$15 dinner
- Lodging = Conference rate or \$100/nt, whichever is less

Receipts must be dated within sixty (60) days of submission.

TOTAL MEALS & LODGING \$

TOTAL AMOUNT DUE \$

The above is a true statement of the expenses incurred by me as an employee of Creswell School District.

		Claimant Signature	Date
APPROVAL		BUDGET CODE(S)	AMOUNT OR PERCENT
Immediate Supervisor Signature	Date		
Budget Authority Signature	Date		