

EXPENSE CLAIM FORM

Month / Year: _____

Employee Name: _____

Work Location: _____

SUPPLIES AND GENERAL EXPENSES *(attach itemized receipts)*

DATE	VENDOR	DESCRIPTION	AMOUNT

TOTAL SUPPLIES & GENERAL EXPENSES \$ _____

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

DATE	FROM	TO	ROUND TRIP MILES	PURPOSE

Attach additional sheets if required.

TOTAL MILEAGE _____ x \$0.72.5 per mile \$ _____

TRAVEL-RELATED MEALS & LODGING *(attach itemized receipts)*

DATE	DESCRIPTION	AMOUNT

TRAVEL-RELATED MEAL & LODGING REIMBURSEMENT RATES

TOTAL MEALS & LODGING \$ _____

Certified Contract:

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

TOTAL AMOUNT DUE \$ _____

Classified Contract

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

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

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

Claimant Signature _____

Date _____

APPROVAL

Immediate Supervisor Signature Date

Budget Authority Signature Date

BUDGET CODE(S)

AMOUNT OR PERCENT

_____	_____
_____	_____
_____	_____