CRESWELL SCHOOL DISTRICT 40
ONE TEAM, ONE DREAM

EXPENSE CLAIM FORM

Print

Clear Form

Month / Year: _____

Employee Name: _____

Work Location: _____

SUPPLIES AND GENERAL EXPENSES *(attach itemized receipts)*

DATE	VENDOR	DESCRIPTION	AMOUNT

TOTAL SUPPLIES & GENERAL EXPENSES $ $ 0.00

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

DATE	FROM	TO	ROUND TRIP MILES	PURPOSE

Attach additional sheets if required.

TOTAL MILEAGE 0.0 x $0.725 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 $ 0.00

TOTAL AMOUNT DUE $ 0.00

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

Claimant Signature _____ Date _____

APPROVAL

Immediate Supervisor Signature _____ Date _____

Budget Authority Signature _____ Date _____

BUDGET CODE(S)	AMOUNT OR PERCENT