

EXPENSE CLAIM FORM

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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 \$0.76 per mile \$ _____

TRAVEL-RELATED MEALS & LODGING (attach itemized receipts)

DATE	DESCRIPTION	AMOUNT

TRAVEL-RELATED MEAL & LODGING REIMBURSEMENT RATES

 TOTAL MEALS & LODGING \$ 0.00
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

TOTAL AMOUNT DUE \$ 0.00

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
