

EXPENSE REIMBURSEMENT FORM

Salida School District R32J

PAYABLE TO: _____

PURPOSE OF EXPENDITURE/TRAVEL (include destination if travel)

REIMBURSEMENTS WILL NOT BE PAID WITHOUT THE ATTACHMENT OF PROPER RECEIPTS. PLEASE SUBMIT THIS FORM NO LATER THAN ONE WEEK AFTER INCURRING THE EXPENSE OR ONE WEEK AFTER RETURNING FROM A CONFERENCE.

DATE	AMOUNT (\$)	MILEAGE (# of miles)	ITEM PURCHASED (List "Meals" if meal reimbursement)
TOTALS →			

BUDGET CODE	APPROVED BY

District pays \$26.00 per day for meals (overnight trips only) or actual amount spent, whichever is less. District pays .48 per mile for mileage (to and from conference site only), if a district vehicle was requested and was not available. Mileage will not be reimbursed for employees who choose to drive their own vehicle when a district vehicle is available.

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF EXPENSES INCURRED BY ME IN THE SERVICE OF SALIDA SCHOOL DISTRICT R32J.

Employee (payee) signature

Date

approved reimbursement amount: