Indicate Program:

Henderson Knox Mercer Warren ROE #33

REIMBURSEMENT FORM *effective 7/1/2024 - 12/31/2024*

Employee Name _____

Date Submitted_____ **(Please be specific)**

Date	Purpose Details	Destination	Miles	Other Expenses	Source of Funding

Total Miles	Total Expenses

Total Mileage Reimbursement **[Total # miles x .67]** _____

Total Other Expenses (Alcohol will not be reimbursed) +_____

Total ALL expenses to be reimbursed =$_____

_____ _____

Employee Signature **Date**

_____ _____

Supervisor Signature **Date**

_____ _____

Regional Superintendent Signature **Date**

Last Updated: 7/1/24 PB