

EMPLOYEE REIMBURSEMENT REQUEST

Please submit in a timely manner (e.g., monthly or per term)

Reminder: You can not request for public funds if your credit card receives rewards or if you receive rewards points using a store reward program.

Name _____

Date _____

Date	Description (for per diem, include time left district)	Miles	Per Diem	Lodging	Other Expenses (Specify)

Total Miles _____ X Current mileage rate @ _____ per mile \$ _____

Total Claim \$ _____ **ATTACH RECEIPTS** (should match total amount on attached PO)
 For mileage claims, attach a mileage log and/or Google Maps

Please Note: Reimbursement for meals relating to travel to and from a one day workshop/conference is taxable income to you. Meals are non-taxable if related to overnight trip or for school related business meetings. You must include description of business purpose for all travel expenses.

I certify that the above information is a true and correct statement of expenses incurred in connection with my duty.

Employee Signature

Supervisor Signature

