



Indicate Program:

Henderson Knox Mercer Warren ROE #33
REIMBURSEMENT FORM (effective 7/1/2025 to 12/31/2025)

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 .70] _____

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

Total ALL expenses to be reimbursed =\$ _____

Employee Signature

Date

Supervisor Signature

Date

Regional Superintendent Signature

Date