Indicate Program:

# Henderson Knox Mercer Warren ROE #33

REIMBURSEMENT FORM *effective 1/1/2023 - 6/30/2023*

Employee Name _____

Date Submitted_____ **(Please be specific)**

| Date | Purpose Details | Destination | Miles | Other Expenses | Source of Funding |
|---|---|---|---|---|---|
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| Total Miles | Total Expenses |
|---|---|
| | |

**Total Mileage Reimbursement** **[Total # miles x .655]** _____

**Total Other Expenses** +_____

**Total ALL expenses to be reimbursed** =$_____

_____ _____

**Employee Signature** **Date**

_____ _____

**Supervisor Signature** **Date**

_____ _____

**Regional Superintendent Signature** **Date**

Last Updated: Jan. 5, 2023