Harrisburg School District #7
Travel and Expense Reimbursement Report
2021

Name of Claimant: _____

Address/City/Zip Code: _____ **School/Location:** _____

Period Covered: From: _____ **To:** _____ **Date Submitted:** _____ **Acct No.** _____

PO No. _____

Date	Travel Destination From	Travel Destination To	Mileage	**Updated 1-2-20** AutoExpense **@ .56 per mile**	Lodging	Meals	Other/ Miscellaneous Expenses	**Total Expenses**	Vendor and Purpose of Expenditure and/or Topic of Meeting and/or Training Event
Total Expenditures									
I certify that the above claim accurately reflects actual expenses incurred by me in authorized school district travel									
Submitted by:					Less Advance Funds Used				
Supervisor Approval:					**Total Owed Claimant or Due to District**				
Superintendent Approval:									

All receipts must be attached, substantiating request for reimbursement.
Credit card receipt with no detail will not be accepted. Form must be completed totally.

If not preprinted on receipt, write names of restaurant on meals receipts and itemize meals. If you paid for persons other than yourself, please list individuals names and positions (attach additional page if necessary). Mapquest must be attached for proof of mileage from school to destination or round trip .