

JUNCTION CITY SCHOOL DISTRICT  
Reimbursement

NAME \_\_\_\_\_

TRIP MADE TO \_\_\_\_\_

DATE OF TRIP \_\_\_\_\_

PURPOSE OF TRIP \_\_\_\_\_

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Expense Summary

Transportation \_\_\_\_\_ miles at 42 cents per mile \_\_\_\_\_

Odometer reading: Beginning Mileage \_\_\_\_\_ Ending Mileage \_\_\_\_\_

Meals:

Breakfast \_\_\_\_\_, Lunch \_\_\_\_\_, Dinner \_\_\_\_\_  
(Attach itemized receipts - no tips will be reimbursed)

Hotel Bill (Attach Paid Receipt) ..... \_\_\_\_\_

Registration Fee (Attach Receipt) ..... \_\_\_\_\_

School items purchased to be reimbursed (Attach Receipts) ..... \_\_\_\_\_

Total Refund \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_