



COLUMBIA SCHOOL DISTRICT
BUSINESS OFFICE
2018
EXPENSE REIMBURSEMENT REQUEST

This completed form **MUST BE** signed by proper building administrator. The account area to be charged needs to be checked before submitting to the Business Office for reimbursement. All receipts must be attached.

Request will be returned if this information is not complete.

Printed Name of Person Requesting Reimbursement: _____

Date of Expenses: _____

Purpose: _____

Mileage: _____ x \$0.545 per mile Total: _____

NOTE: Meals will be reimbursed at a rate not to exceed \$22.00 per day with allowance for separate meals as follows: (Must provide itemized receipts.)

Breakfast - \$5.00 Lunch - \$7.00 Dinner - \$10.00

_____ Breakfast	_____ Breakfast	_____ Breakfast
_____ Lunch	_____ Lunch	_____ Lunch
_____ Dinner	_____ Dinner	_____ Dinner
_____ Daily Total	_____ Daily Total	_____ Daily Total

Meals Total: _____

Registration Fee: _____

Lodging: _____

Mileage Total: _____

Other Expenses: _____

Grand Total: _____

Reimburse Employee: _____ Used School Credit Card: _____

Employee Signature: _____ Date: _____

For Office Use Only:

___ Local Travel

___ General Fund

___ Title IIa

Building Principal Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____