

CHECK REQUEST

School District of Athens

Attach invoices/receipts certifying your payment of such invoices.

Name _____ Date _____

MILEAGE Account # _____

Date	Description	# of Miles	Amount	Total

OTHER EXPENSES – Attach Receipts Account # _____

Description	Amount	Total

TOTAL REQUEST _____

Request Approved _____ Date _____
Principal/Athletic Director

Approved for Payment _____ Date _____
Administrator/Assistant

Board Policy:

The school district shall pay up to the following amounts for meal reimbursement. (Attach all receipts to expense claim when submitting for reimbursement.) Breakfast-\$7; Lunch-\$8; Dinner-\$15. The school makes no provisions for spouse's expenses.

A school vehicle shall be used whenever possible. If a school vehicle is not available, the employee handbook shall govern the amount paid per mile for the use of one personal vehicle.