

Apple Springs ISD

Where Character Counts!

Faculty Reimbursement Form

Mileage

Date	Location	Purpose	Mileage

Account Code (office use only) _____

Expense

Date	Vendor	Purpose	Amount

Account Code (office use only) _____

****Note: Receipt must be attached and signed and form signed by administrator in order to receive reimbursement.***

Faculty Member Signature

Administrative Approval