

Harrisburg School District #7 Travel and Expense Reimbursement Report 2020

Name of Claimant: _____
Address/City/Zip Code: _____ **School/Location:** _____
Period Covered: From: _____ **To:** _____ **Date Submitted:** _____ **Acct No.** _____
PO No. _____

Date	Travel Destination		Mileage	Updated 1-2-20 Auto Expense @ .575 per mile	Lodging	Meals	Other/ Miscellaneous Expenses	Total Expenses	Vendor and Purpose of Expenditure and/or Topic of Meeting and/or Training Event
	From	To							
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 .