

EMPLOYEE EXPENSE REIMBURSEMENT

HECTOR SCHOOL DISTRICT

Name of Payee _____

Address _____

School Title _____

Date	From	To	Explanation of Expense Purpose of Trip/ Content of Workshop	**Private Vehicle		*Hotel	*Meals	*Other Expenses	Total for Day	Miscellaneous
				Total Miles	Total Rate Claim					
					\$0.52					
					\$0.52					
					\$0.52					
					\$0.52					

*Note: All of these expenses must have itemized receipt attached.

Mileage \$ _____

Meals \$ _____

Lodging \$ _____

Other Expenses \$ _____

Source of Funds (required) _____ Total Amount Claimed \$ _____

Approval of Principal / Supervisor _____ Date _____

Signature of Employee _____ Date _____

Source of Funds (required) _____

Standard Mileage #'s (Roundtrip)	Mileage Rate = Current AR Rate
Plumerville-70 Little Rock- 180	PD Explanation = Content
Russellville-50 Conway-1(10)	of Workshop Attending

*Meals are reimbursed for overnight trips only with a limit of \$40 per day.
 **Mileage is only reimbursed if school vehicle is not available
 Revised 06/13/2022