

USD 284 Expense Reimbursement Form

If reimbursement is expected, prior approval of the trip must be received from the Superintendent of Schools.

Name:

Address:

Nature of Official Business:

Date:

DATE AND ITEMIZE FOR EACH DAY

| Date | | | | | | Total |
|-----------------------|--|---|--|---------------------|---------------------|-------|
| Hotel | | | | | | |
| Meals | | | | | | |
| Other | | | | | | |
| Other | | | | | | |
| TRANSPORTATION | | | | | | |
| | | | | | Expense Total . . . | |
| From: | | To: | | | | |
| Personal Auto: | | miles @.40 = | | Mileage Total . . . | | |
| [Attach receipts] | | Expense Account Total [<i>Expense + Mileage</i>]. . . | | | | |

I hereby certify that the above expenses were actually incurred by me in the performance of my duties as an employee of USD #284, Chase County.

Date:

Signature of Claimant

Approved:

Superintendent

Principal