

# EXPENSE REIMBURSEMENT FORM

## Salida School District R32J

PAYABLE TO: \_\_\_\_\_

PURPOSE OF EXPENDITURE/TRAVEL (include destination if travel)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REIMBURSEMENTS WILL NOT BE PAID WITHOUT THE ATTACHMENT OF PROPER RECEIPTS. PLEASE SUBMIT THIS FORM NO LATER THAN ONE WEEK AFTER INCURRING THE EXPENSE OR ONE WEEK AFTER RETURNING FROM A CONFERENCE.

DATE	AMOUNT (\$)	MILEAGE (# of miles)	ITEM PURCHASED (List "Meals" if meal reimbursement)
<b>TOTALS →</b>			

<b>BUDGET CODE</b>	<b>APPROVED BY</b>

District pays .625 per mile for mileage (to and from conference site only), if a district vehicle was requested and was not available. Mileage will not be reimbursed for employees who choose to drive their own vehicle when a district vehicle is available.

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF EXPENSES INCURRED BY ME IN THE SERVICE OF SALIDA SCHOOL DISTRICT R32J.

\_\_\_\_\_  
Employee (payee) signature

\_\_\_\_\_  
Date

approved reimbursement amount: