

## EMPLOYEE REIMBURSEMENT FORM

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Fund: \_\_\_\_\_ Function: \_\_\_\_\_ Object: \_\_\_\_\_

Date	Departure Location	Departure Time	Destination Location	Destination Arrival	Reason for Trip	Miles	Meals

Total Miles \_\_\_\_\_

Reimbursement for Miles & Meals p.1    Miles x \$.575    \_\_\_\_\_

Reimbursement for Miles & Meals p.2    \_\_\_\_\_

Total Reimbursement    \_\_\_\_\_

All reimbursement forms must be approved by the school principal before being submitted to the Superintendent's Office. All receipts must be attached.

Meal Allowances:	Employee Signature: _____
Breakfast            \$8.00	
Lunch                \$16.00	
Dinner               \$24.00	
	Approved By: _____