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Appendix-J EXPENSE REIMBURSEMENT FORM USD 284

PRIOR APPROVAL (Note: Expense reimbursement requests that are not approved in advance will not be approved for reimbursement.)

Expense Class: ____ Classroom ____ Activities ____ PDC* _____ District _____ Mileage

(*An attached copy of the PDP Toolbox Approval constitutes prior approval for all Professional Development activities)

Debit To: ____ CCES ____ CCMS _____ CCHS _____ USD 284 _____ Activity Account

Purchase/Cost Description: _____

Requested By: _____ **Date:** ____ /____ / _____

(Note: All Expense Reimbursement requests must be made and approved during the current fiscal year. Expenses for this fiscal year may not be reimbursed after June 30th)

Approved By: _____ **Date:** ____ /____ / _____

ITEMIZED EXPENSES (Note: Expense Reimbursement requests that do not include copies of all appropriate and accurate receipts will not be approved.)

Date of Purchase	__/__/___	__/__/___	__/__/___	__/__/___	__/__/___	**Total $**
Classroom Supplies, $						
Activities Supplies, $						
District Supplies, $						
Registration, $						
Lodging, $						
School Vehicle Fuel, $						
Meals, $						
Other _____ $						
Mileage, $ _____ miles @ **$0.40** / mile						
					TOTAL REQUEST	**$**

AUTHORIZATION

My signature below certifies that the above expenses were actually incurred by me for purchases made on behalf of USD 284, Chase County, KS.

Claimant Signature: _____ **Date:** ____ / ____ / _____

Payment Approved By: _____ **Date:** ____ / ____ / _____

Revised: GM, 6/17/09