

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 . . .		
[<i>Attach receipts</i>]		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