

Parkrose School District 3

Code: DLC-AR - Annex 1
Adopted: 05-29-2001
Revised: 1-05-2022

Staff Expense Reimbursement Travel and Expense Reimbursement Report

Name of Claimant: _____ School/Location: _____

Address/City/Zip Code: _____

Date Submitted: _____ Budget Source: _____

Date	Travel Destination		Mileage	Auto Expense @ [.585] cents per mile	Lodging	Meals	Other/ Miscellaneous Expenses	Total Expenses	Purpose of Expenditure and/or Topic of Meeting <i>(If paid for additional persons, list persons other than self)</i>
	From	To							
Total Expenditures									
I certify that the above claim accurately reflects actual expenses incurred by me in authorized school district travel									
Submitted by:					Advance Funds Used (Enter as a negative Number)				
Supervisor Approval:					Total Owed Claimant or Due to District				

All receipts must be attached, substantiating request for reimbursement. Form must be completed totally. If not preprinted on receipt, write names of restaurant on meals receipts and itemize meals. If more than [\$18.00] for breakfast, [\$19.00] for lunch and [\$37.00] for dinner is expended, please attach an explanation and rationalization. If you paid for persons other than yourself, please list individuals names and positions (attach additional page if necessary).