

BOARD MEMBER EXPENSE REIMBURSEMENT

School District of Tomahawk

Make Check Payable To: _____

Expenses

| Meeting/Event Dates and Expense Details | Expense Cost |
|-----------------------------------------|--------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Total Expenses: _____

Meals & Tips

| Date | Meal & Cost – refer to meal reimbursement rate policy | Tips | Total Meal Cost |
|------|-------------------------------------------------------|------|-----------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

Total Meal & Tips: _____

Total Mileage Cost

Total Mileage Cost: _____

Total Expense Request: _____

Account Number: Fund _____ Location _____ Object _____ Function _____ Project _____

Signature of Requestor: _____ Date: _____

Board Clerk Signature: _____

Board Approval Date: _____

District and Meeting Mileage

| Date | Destination To/From | Reason | Mileage |
|------|---------------------|--------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total Mileage (a):
 IRS Mileage Rate (b):
 Total Mileage Cost (a*b) : _____