

Parkrose School District 3

Code: DLC-AR - Annex 1

Adopted: 05-29-2001

Revised: 7.11.16

Staff Expense Reimbursement Travel and Expense Reimbursement Report

Name of Claimant: _____

Address/City/Zip Code: _____ School/Location: _____

Period Covered: _____

From: _____ To: _____ Date Submitted: _____ Budget Source: _____

| Date | Travel Destination | | Mileage | Auto Expense @ [.51 motorcycle .54 other] cents per mile | Lodging | Meals | Other/ Miscellaneous Expenses | Total Expenses | Purpose of Expenditure and/or Topic of Meeting (If paid for additional persons, list persons other than self) |
|---|--------------------|----|---------|---|--|-------|-------------------------------------|-------------------|---|
| | From | To | | | | | | | |
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| 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 _____ | | | | |
| 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 [\$15.00] for breakfast, [\$16.00] for lunch and [\$33.00] 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).