

Expense Reimbursement Form

Check Recipient: Employee Parent/Volunteer Consultant

Instructions

1. List each transaction separately
2. Enter all required fields
3. Tape receipts to paper (*do not place tape on dates, numbers, or vendor names*)
4. Print and sign this form
5. Staple all papers with taped receipts to reimbursement form
6. If applicable, please include grant information
7. For mileage, please include google map (text only) of route taken

Reimbursement rate per mile = \$ 0.535

Name _____

Date _____

Address _____

Date <i>(Required)</i>	Vendor Paid (Where Purchased) <i>(Required for non-driving expense)</i>	Invoice/Receipt Amount (\$)	Description (Purpose of Expense/Trip) <i>(Required)</i>	Miles Driven <i>(If applicable)</i>	Mileage Reimbursement	Account Code	Resource Code	Function Code
Total								

(rev 2017)

Total Invoice \$ + Mileage \$

Employee Signature _____

Date _____

Approved by _____

Date _____