EMPLOYEE MILEAGE AND EXPENSE REIMBURSEMENT FORM

◦*Include a detailed and itemized receipt for all expenses listed on this form.*
◦*Expenses submitted without a detailed receipt will not be reimbursed.*
◦*Expenses submitted beyond 45 calendar days from the date of purchase are subject to refusal of reimbursement.*
◦*See School Board approved policy 412 for additional information.*

Employee name:				**Address:**	
EE number:		**Building:**			

Fund	**T**	**Org**	**Prg**	**Fin**	**Obj**	**Crs**		
	E						$ -	Lodging
	E						$ -	Meals
	E						$ -	Other
	E						$ -	Mileage

Date	**Hotel or Lodging**	**Meals + gratuity**	**Other expenses***	**Mileage***	*Description (ex. 4th grade math project, professional membership, round trip from HS to WMS, etc.
	$ -	$ -	$ -	-	
Totals:	-	-	-	-	

Hotel or Lodging	$	-
Meals + gratuity		-
Other expenses		-
Mileage	**$ 0.560**	-
	$	-

I hereby certify that the expenses indicated above were made for school purposes pursuant to M.S. 471.38

Employee Signature:	**Supervisor Signature:**
Date:	**Date:**