



# **2012 – 2013** BUSINESS OFFICE REIMBURSEMENT REQUEST FORM

This form is used to request a reimbursement for District staff. Receipts or documentation associated with the reimbursement request **must** be attached to this form. For mileage reimbursement, a meeting agenda or registration associated with the mileage is requested to be attached, but not necessary. If you need additional space you may attach a separate sheet and reference it below. Please call the business office at 920.563.7800 if you have any questions.

## Mileage Reimbursement

Date	Destination	Reason	# miles x .565 (IRS rate)	Total

Total Mileage Reimbursement \_\_\_\_

# Meal Reimbursement – Must Attach Itemized Receipts/Documentation

Date	List Establishments & Totals for Each (\$46/day max - IRS rate)	Total	

Total Meal Reimbursement \_\_\_\_

## Supplies/Miscellaneous Reimbursements – Must Attach Receipts/Documentation

Date	List Vendor & Totals for Each	Reason for Purchase	Total

#### Total Supply Reimbursement \_

TOTAL REIMBURSEMENT REQUESTED:

I certify that the items and costs listed above are correct and accurate and that all items have the necessary supporting documentation attached.

Employee Signature				Date			
Printed Name						Building	
ACCOUNT CODES					_ – =		
	(Fund)	(Location)	(Object)	(Function)	(Project)	(Amount)	
	(Fund)	(Location)	(Object)	(Function)	= (Project)	(Amount)	
	 (Fund)	(Location)	– <b>–</b> (Object)	(Function)	= (Project)	(Amount)	Total Accounted For Must Match Reimbursement
SUPERVISOR'S AP	PROVA	L:				DATE:	
BUSINESS MANAG	GER'S A	PPROVAL	:			DATE:	
(Revised January 2013)							Form ID: REIMBURSE