SCHOOL DISTRICT OF
FORT·ATKINSON

2013 – 2014
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 .56 (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)   (Object)   (Function)   (Project)   (Amount)

_____
Total Accounted For
Must Match Reimbursement

SUPERVISOR'S APPROVAL:_____   **DATE**: _____

BUSINESS MANAGER'S APPROVAL:_____   **DATE**: _____

(Revised January 2014)   **Form ID: REIMBURSE**