

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

			Mileage Re	imburseme	ent		
Date	Destination		Reason		# miles x .56	IRS rate)	Total
					T . 104" D .		
					Total Mileage Rei		
					Receipts/Docur	nentation	
Date	List Establishments & Totals for Each (\$46/day max - IRS rate)						Total
					Total Meal Re	imbursement	
	Supplies/Misc	ellaneous Re	imbursemen	its – Must A	ttach Receipts/[)ocumentati	on
Date	List Vendor & Totals for Each			sements – Must Attach Receipts/Documer Reason for Purchase			Total
					Total Supply Re	imbursement	
				TOTA	L REIMBURSEMENT	REQUESTED:	
certify that the ite	ms and costs listed ah	ove are correct an	d accurate and the	at all items have t	the necessary supportir	ia documentation	attached
					the necessary supporting	ig documentation	attacheu.
Employee Signature					Date		
rinted Name					Building		
_					0 _		
CCOUNT COD	DES:			=			
	(Fund) (Locatio	on) (Object)	(Function)	(Project)	(Amount)		
				=			
	(Fund) (Location	on) (Object)	(Function)	(Project)	(Amount)		
	_			- =			
	(Fund) (Locati	on) (Object)	(Function)	(Project)	(Amount)		Total Accounted For
						Must Mate	ch Reimbursement
UPERVISOR'S	APPROVAL:				DATE:		
	· · · · · · · · · · · · · · · · ·						
USINESS MAN	NAGER'S APPROV	/AL:			DATE:		
evised January 201							Form ID: REIMBU