



2014 – 2015

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 .575 (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: _____