

WASHINGTON COMMUNITY SCHOOL DISTRICT

Request for Expense Reimbursement

**ALL CLAIMED EXPENSES EXCEPT MILEAGE MUST HAVE DATED, ITEMIZED RECEIPTS ATTACHED
LIST ONLY EXPENSES THAT QUALIFY FOR REIMBURSEMENT AS PER BOARD POLICY**

(All claims must be submitted within 20 working days)

Name _____ Date _____
USE THE BACK OF THIS FORM IF MORE ROOM IS NEEDED TO LIST EXPENSES

Reason for this request: _____

MILEAGE: Please attach a copy of vehicle request form showing denial. If district vehicle is available but employee chooses to drive personal vehicle no reimbursement will be allowed.

Destination	Date of Departure	Date of Return	Total Mileage	
_____	_____	_____	_____	X \$0.50 = _____
_____	_____	_____	_____	X \$0.50 = _____
_____	_____	_____	_____	X \$0.50 = _____

Total Travel Expenses: \$ _____

LODGING: Within state is limited to \$125.00 per night, Outside the state limited to the rate of a medium priced room.

Total Lodging Expenses: \$ _____

MEALS: Meals will be reimbursed for overnight travel only. Meals are limited to \$35 per day. Out of state meals limited to \$35 per day. Larger amounts must be pre-approved by the Superintendent. **No Sales Tax Reimbursed.**

Date _____ 20__	Breakfast \$ _____	Lunch \$ _____	Dinner \$ _____
Date _____ 20__	Breakfast \$ _____	Lunch \$ _____	Dinner \$ _____
Date _____ 20__	Breakfast \$ _____	Lunch \$ _____	Dinner \$ _____
Date _____ 20__	Breakfast \$ _____	Lunch \$ _____	Dinner \$ _____

Total Meal Expenses: \$ _____

REGISTRATION: Actual Amount of Registration _____ Total Registration: \$ _____

MISC. EXPENSES: Please list date and purpose or nature of expense. **No Sales Tax Reimbursed.**

Date	Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Miscellaneous Expenses: \$ _____

TOTAL FOR THIS REQUEST \$ _____

Budget Code _____ Employee Signature _____

Supervisor's Signature _____ Date _____