

# EXPENSE REPORT – REIMBURSEMENT REQUEST FORM

Name: \_\_\_\_\_ Bldg or Dept: \_\_\_\_\_

Destination: \_\_\_\_\_ Reason: \_\_\_\_\_

	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL
<b>Date of Expense</b>								
<b>Travel Mileage X .67</b>	# Miles: _____ \$	# Miles: _____ \$	# Miles: _____ \$	# Miles: _____ \$	# Miles: _____ \$	# Miles: _____ \$	# Miles: _____ \$	# Miles: _____ \$
<b>Lodging</b>	\$	\$	\$	\$	\$	\$	\$	\$
<b>Meal Expenses:</b> Breakfast - \$13 Lunch - \$15 Dinner - \$26	\$	\$	\$	\$	\$	\$	\$	\$
<b>Other</b>	\$	\$	\$	\$	\$	\$	\$	\$
<b>Daily Total</b>	\$	\$	\$	\$	\$	\$	\$	\$

**PO #:** \_\_\_\_\_ (Attach all documentation and receipts)

**Expense Account Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**Expense Account Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

*I hereby certify that the above expenditures represent money spent for legitimate district business only and includes no items of a personal nature.*

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Account Manager Signature**

\_\_\_\_\_  
**District Business Manager Signature**

**Amount to be reimbursed to employee:**

\$