

# Marion County Special Education Cooperative #617

## Reimbursement Claim Form

**This form must be turned in WITH RECEIPTS by the 5th of the month to ensure payment at the upcoming board meeting.**

mileage rate as of **1/1/2021** **\$0.560** per mile

Note: This form can be filled out in Google Docs or Excel, and will automatically calculate numbers and rates. Start with Sheet 2.

**Employee** \_\_\_\_\_ **Month** \_\_\_\_\_

**ALL MILES MUST BE DETAILED ON BACK OF FORM**

**Miles related to students** \_\_\_\_\_ **0 X mileage rate =** \_\_\_\_\_ **\$0.00**

**Miles related to conferences and inservices** \_\_\_\_\_ **0 X mileage rate =** \_\_\_\_\_ **\$0.00**

**Other Miles** \_\_\_\_\_ **0 X mileage rate =** \_\_\_\_\_ **\$0.00**

**Meals with receipts**

(Please note what activity the expense is associated with.)

**Lodging with receipts**

(Please note what activity the expense is associated with.)

**Other miscellaneous expenditures with receipts (itemize)**

**Total Reimbursement Requested** \_\_\_\_\_ **\$0.00**

**Employee's Signature**

**MCSEC Administrator's Signature**

**Comments**

