

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 01/01/2023 \$0.655 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

_____ X mileage rate = _____

Miles related to conferences and inservices

_____ X mileage rate = _____

Other Miles

_____ X mileage rate = _____

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)

Receipt attached.

Total Reimbursement Requested

Employee's Signature

MCSEC Administrator's Signature

Comments

