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 | 1/1/2022 | **$0.585** | 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

Date	Destination	Reason	Student-Related Miles	Conference & Inservice Miles	Other Miles	
		Mileage Subtotals				
		Total Miles Claimed				