

Reimbursement Claim Form

This form must be turned in WITH RECEIPTS by the 10th of the month to insure payment at the upcoming board meeting.

Employee _____

Month _____

ALL MILES MUST BE DETAILED ON BACK OF FORM

Miles related to students _____ X \$0.535 per mile = _____

(rate as of 2/24/17)

Miles related to conferences and inservices _____ X \$0.535 per mile = _____

Other Miles _____ X \$0.535 per mile = _____

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 _____

Employee's Signature _____

MCSEC Administrator's Signature _____

Comments

