



Reimbursement Form

| |
|--------------------------------|
| Reimbursee or Cardholder Name: |
| Address |
| Purpose |

From:

To:

| PERIOD |
|--------|
| |
| |

MILEAGE RATE

0.58 / mile

EXPENSES INCLUDED WITHOUT A RECEIPT WILL NOT BE REIMBURSED

Detailed reason for expenditure. For travel or conference, include organization and location.
Attach **ALL** receipts to this form and turn into the business office for reimbursement.

| Date(s) of expense(s) | Reason for expense | Amount |
|-----------------------|--------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

If more space is needed please use back of this form

| Mileage reimbursement | | |
|-----------------------|-----------------------|----------------------|
| Date(s) of travel | Organization location | Miles traveled |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | TOTAL MILEAGE |
| | | TOTAL MILES X \$0.58 |
| | | TOTAL OF RECEIPTS |
| | | TOTAL REIMBURSEMENT |

APPROVED BY BUSINESS MANAGER

DATE

APPROVED BY SUPERINTENDENT

DATE

I certify that these costs incurred in connection to business related to the Wishkah Valley School District, are true, accurate and actual, and do not reflect any costs or expenses reimbursed or to be reimbursed from any other source.

EMPLOYEE SIGNATURE

DATE

