

EXPENSE CLAIM FORM

**McGregor School Dist #4
McGregor, MN 55760**

INSTRUCTIONS: Complete form and attach receipts for all expenses. **Receipts must be attached for reimbursement.** Meal and mileage reimbursement rates will be as set by the school board at their organizational meeting.

NAME: _____ **DATE:** _____

ADDRESS: _____

Date	Purpose of Expense	Mileage	Meal(s)	Lodging	Other
Totals					

The claimant above declares that this request for reimbursement is of a just and correct claim, and that no part of it has previously been paid or paid by another source. (Certified staff must also submit the Staff Development Follow-Up Form before reimbursement of expenses.)

_____ Miles x _____ per mile \$ _____

Code to: _____

Meals.....\$ _____

Code to: _____

Other Expenses.....\$ _____

Code to: _____

Total \$ _____

Administrator/Supervisor

Date