



EMPLOYEE REIMBURSEMENT CLAIM

Name:		Use this form for in-district mileage reimbursement and reimbursement of emergency purchases or unanticipated expense. Expenses related to professional leave are submitted on the <i>Professional & Event Leave Request</i> form. Purchases \$50 or less should be reimbursed through Petty Cash. Original itemized receipts are required and must be attached to this form before any reimbursement is made. Claims should be submitted to the Business Office monthly and no later than 45 days from the date an expense is incurred. Allow 30 days for processing from the date received by the Business Office.				
School/Dept.:						
For Month of:						
Today's Date						

Item	Date	To / From (if applicable) and Description	In-District Miles	Out of District Miles	Other Expense	TOTAL
SUBTOTALS						
Current IRS Mileage Reimbursement Rate						
TOTALS						

Item	Budget Account Fund . Function. Object . Location . Area . Dept . Budget	Grant/Project Code	Amount
1			
2			
3			

I certify that the information on this reimbursement claim is a true and correct statement of reasonable expenses incurred in connection with my duty for Oregon Trail School District 46.				
Employee:	Signature	Date	Signature	
Building Principal / Supervisor:			Business Office:	