

Southgate Community School District REIMBURSEMENT FORM

EMPLOYEE'S NAME: _____

MILEAGE REIMBURSEMENT

DATE	From	(Place Visited)	To	Reason	Mileage
Total Miles:					
Total Mileage Due:					

OTHER REIMBURSEMENT

Date	Description - Per Attached Receipts	Reason	Amount
Other Reimbursement Total:			
Total Amount Due:			

Signature of Employee

Date

Signature of Administrator or
Supervisor Authorizing Reimbursement

Budget Account Number

FOR BOARD OFFICE USE ONLY

Amount: _____

Vendor Number: _____

Approved: _____