# Expense Report — Dexter Community Schools

**Name** _____

**Employee# (from your paycheck)** _____

**Building/Department** _____

**Month/Year** _____

**Per Mile Reimbursement (2020 IRS Rate)** $0.560

| Date | Description | Miles (WISD 18 miles RT) | Mileage | Conferences/Workshops | | | | Supplies/Other | Note |
|---|---|---|---|---|---|---|---|---|---|
| | | | Reimbursement | Lodging/ Conference Fees | Breakfast (max $10.00) | Lunch (max $12.00) | Dinner (max $20.00) | Other Expenses | |
| | | | $ - | | | | | | |
| | | | $ - | | | | | | |
| | | | $ - | | | | | | |
| | | | $ - | | | | | | |
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| | | | $ - | | | | | | |
| | | | $ - | | | | | | |
| | | | $ - | | | | | | |
| | | 0 | $ - | | | | $ - | $ - | |
| | | | | | | | Total Reimbursement: | $ - | |

| Board Policy 6471 requires employees to report gifts/lunches received from vendors. Please list date, vendor, and type of gift received: |
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| |

| | | |
|---|---|---|
| Mileage Account # | | $0.00 |
| Conference Account # | | $0.00 |
| Supply Account # | | $0.00 |
| Other Account # | | |

**Employee Signature** _____ **Date** _____

*I certify that this request is true and accurate and the expenditures were solely used for the purposes set forth by Dexter Community Schools.*

**Reviewed and Approved by** _____ **Date** _____

*Please attach original receipts listing all items purchased. Credit card receipts are not acceptable.*
*Expense reimbursements received by 1st of month are paid on 15th paycheck.*
*All expenses for a fiscal year are due June 30. Late requests will not be reimbursed.*

| For Business Office Use: | Payroll | Pay # |
|---|---|---|
| | | Paydate |