Center School District No. 58
Employee Expense Reconciliation

Name _____ **Date** _____

School/Location _____

If an expense advance was requested, please list
Purchase Order Number: _____ **Amount of Advance Check:$** _____

Date	Travel To	Miles	Purpose	Meals	*Other Expenses	
					Description	Cost

MILEAGE / EXPENSE SUMMARY

Total Miles 0.00 @ 45 cents/mile	=	0.00
Total Meal Expenses	=	0.00
Total Other Expenses	=	0.00
Total Reimbursable Expenses	=	0.00
Less Advance	=	0.00
Net Due Claimant	=	0.00
Net Due District	=	0.00

* Attach receipts for expenses

The above expenses are correct, and were necessary to the business of the Center School District No. 58.

_____
SIGNATURE DATE

Approved: _____