



EXPENDITURE & MILEAGE REIMBURSEMENT FORM
RSU No. 5 DURHAM-FREEPORT-POWNA

(Requests for reimbursement must be presented within 60 days of the expense)

DATE: _____

NAME: _____

ADDRESS: _____

Purpose of Trip/Reimbursement: _____

MILEAGE (Mileage should be entered on grid on back of sheet, bring total to front*)

_____ X _____ = \$ _____ (total miles from back side x rate)
rate per mile (effective 1/1/21)

Please Note: RSU5 cannot reimburse Maine State tax; please deduct from total.

EXPENDITURE DESCRIPTION (attach receipts**)

Date	Paid To	Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Reimbursement Due: \$ _____

 Employee Signature

 Administrator Signature

****Administrator**** Please indicate the account(s) below to be charged

<u>Account #</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

***RECORD TRIPS ON BACK SIDE**
****ATTACH RECEIPTS FOR EXPENDITURES**

