ESTACADA
SCHOOL DISTRICT

Expense Reimbursement Request

*Request Submitted By: _____

*Building: _____

*Budget Code: _____

Total Requested: [ ]

Mileage Reimbursement @ $0.56 Per Mile . . .

Date	Destination				Purpose	Miles	Total
							$ -
							$ -
							$ -
					Total		

Meals/Lodging

Date	Location Reason	Breakfast	Lunch	Dinner	Total Meals	Lodging	Total
					$ -		$ -
					$ -		$ -
						Total	$ -

Miscellaneous Items

Date	Item & Purpose of this Expense	Amount
	Total	$ -

_____ | _____
*Employee Signature   Date

My signature indicates that the submitted claims are appropriate
school business related expenses to which I am entitled reimbursement.

_____ | _____   _____ | _____
*Immediate Supervisor Signature   Date   *Business Manager Signature   Date

*REIMBURSEMENT WILL NOT BE PROCESSED WITHOUT REQUIRED INFORMATION