# Expense Report    Dexter Community Schools

**Name**

**Employee# (from your paycheck)**

**Building/Department**

**Month/Year**

**Per Mile Reimbursement (effective January 1, 2023** $0.655

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

Important information:

** All purchases must follow District Purchasing Procedures and allowable expenditures or will not be reimbursed.*

** Amazon purchases must be made through our Amazon Business account following our Amazon Business Purchasing Procedures.*

** The school district is exempt from paying state sales tax on purchases made for goods and services (except prepared foods from restaurants). A sales tax exemption certificate is available on our webpage. It is your responsibility to request sales tax be removed at time of purchase. You will not be reimbursed for sales tax.*

** Attach original detailed receipts listing all items purchased. Credit card receipts are not acceptable.*

** All items paid for or reimbursed by Dexter Community Schools or grants or any student/school/team activity fund are the property of Dexter Community Schools.*

** 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.*

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

**Employee Signature** ____________________ **Date** __________

**Reviewed and Approved by** ____________________ **Date** __________

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