

REIMBURSEMENT CLAIM FORM

SUPPLIES PURCHASED:
(attach all receipts)

TOTAL _____

**Mileage
Travel to** _____

_____ miles @ .42 per mile

Date _____

TOTAL _____

**Per Diem (overnight stays only)
(in-state)**

Breakfast.....\$ 6.00 x _____ = _____

Lunch..... \$ 14.00 x _____ = _____

Dinner.....\$ 20.00 x _____ = _____

TOTAL _____

Other:

TOTAL _____

TOTAL AMOUNT DUE \$ _____

COMMENTS: _____

Person Requesting Date

Name: _____

Address: _____

City: _____

State and Zip: _____

Supt. Date

Approved: YES NO