

AMITY SCHOOL DISTRICT 4J
 PERSONAL EXPENSE REIMBURSEMENT
PRIOR APPROVAL REQUIRED

Listed below are expenses incurred by _____ during the month of _____ while in the service of Amity School District.

MILAGE: (private use car)

DATE	FROM	TO	PURPOSE OF TRIP	MILES	COST
				TOTAL	

FOOD (Reimbursed per Contract)

DATE	CHECK ONE	MEETING OR EVENT	COST
	() Breakfast () Lunch () Dinner		
	() Breakfast () Lunch () Dinner		
	() Breakfast () Lunch () Dinner		
	() Breakfast () Lunch () Dinner		
	() Breakfast () Lunch () Dinner		
	() Breakfast () Lunch () Dinner		
			TOTAL

MISCELLANEOUS EXPENSES, LODGING, WORKSHOP, SUPPLIES, ETC. (Receipts required)

Lodging \$100.00 per day or approval of Superintendent

DATE	EXPLANATION	COST
		TOTAL

Employee's Signature

Principal's Signature

Superintendent's Signature

(Office Use Only)	Account Number	TOTAL