

REIMBURSABLE BUSINESS EXPENSE CLAIM FORM - 2023/2024

Employee Submitting Claim: _____

Today's Date _____

Employee

(Check One)

Vendor

_____ Employee / Vendor Name

_____ Employee / Vendor Address



Rates Effective Jan 1, 2024

Date	Expense Item	Reason & Location	# Miles	MILEAGE		Other Expense	TOTAL EXPENSE
				Rate	Expense		
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
_____	_____	_____	_____	0.670	_____	_____	_____
TOTALS			_____	_____	_____	_____	_____

**** I declare under the penalties of law that this account, claim, or demand is just and correct and that no part of it has been paid.**

_____ Employee Signature

_____ Principal / Supervisor Signature

_____ UFARS Account Code

_____ Superintendent Signature