



EXPENDITURE & MILEAGE REIMBURSEMENT FORM
RSU 5 DURHAM-FREEPORT-POWNA

(Requests for reimbursement must be presented within 60 days of the expense.)

DATE: _____

NAME: _____

ADDRESS: _____

Purpose of Trip/Reimbursement: _____

MILEAGE (Mileage should be entered on grid on back of sheet, bring total to front.*)

_____ X .67 = \$ _____ (total miles from back side x rate)
Total miles Rate per mile Mileage Reimbursement due
(effective 1/1/24)

**Please note: RSU 5 cannot reimburse Maine State tax;
please deduct from total.**

EXPENDITURE DESCRIPTION (attach receipts**)

Date	Paid To	Description	Amount

Total Reimbursement Due: \$ _____

Employee Signature

Administrator Signature

*****Administrator***** Please indicate the account(s) below to be charged.

Account #	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

*RECORD TRIPS ON BACK SIDE

**ATTACH RECEIPTS FOR EXPENDITURES

