FRESHWATER Education District 6004

6/4/2024

1. Each person must submit their own reimbursement form. One person may not bill for another's expenses (i.e. each must bill for their share of a hotel bill)
2. All receipts must be attached
3. Expenses must be submitted no later than 30 days after they are incurred
4. Expense claims must be submitted at least quarterly

EMPLOYEE MILEAGE AND EXPENSE FORM

INSTRUCTIONS: Record the date of the expense, place visited and the purpose, and the number of miles traveled each day. Record in the MISC column all other expenses, including credits, that require receipts. USE ADDITIONAL MILEAGE AND EXPENSE FORMS AS NECESSARY

NAME: _____ **Employee #** _____ **Dept/Division:** _____

Address: _____ **Assigned Office Loc:** _____

Dates	Description	Obj	Miles	Mileage Amount (DO NOT EDIT THIS FIELD) 0.67	Lodging	Misc.	Breakfast $8.00 max	Lunch $10.00 max	Dinner $15.00 max	Total (DO NOT EDIT THIS FIELD)
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
				0.00						$0.00
		Total	**0.00**	**0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

						Amount		I declare under penalties of law that this claim, or demand is just and correct and that no part of it has been paid
FD	ORG	PRO	CRS	FIN	OBJ			
								Claimant Signature
								Date
								Supervisor's Signature