HAWLEY PUBLIC SCHOOLS, ISD #150

714 Joseph Street -- P.O. Box 608 -- Hawley, MN 56549

REIMBURSABLE BUSINESS EXPENSE CLAIM FORM - 2024/2025

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 Rate	Expense	Other Expense	TOTAL 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			
		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