

Employee Expense Reimbursement Fo

(Due to the Business Office by the 6th of the month)

Payable to:	Please Print
Employee I.D. Number	
School/Department:	
Current Date:	

This form is to be used for all employee expense reimbursements including mileage.

Outside of district mileage must include maps. All reimbursement requests (other than mileage) must be accompanied by original detailed receipts.

Date of Expense	Description/Purpose (If this is a conference reimbursement, include conference name and date) (If this is a non-conference meal reimbursement include other persons & business purpose)	Account Number	Amount	Check here if a Conference Expense ✓
	Total Mileage Amount (from the reverse side)			
	Total Requested Expense Reimbursement		\$	

Approved by:		
7	Principal / Director / Supervisor	Date
Central Office:		_
		Date

Mileage Reimbursement Summary

The standard mileage reimbursement rate for the Brighton Area Schools is equal to the current Federal Business Standard mileage rate per IRS code. \$\frac{1}{3}1560\$

Date	Description/Purpose (If this is a conference reimbursement, include conference name and date.)	To/From	No. Miles	Mileage Amount	Check here if a Conference Expense ✓
	Total Miles/Mileage Amount (Put this amount on the reverse side as indicated.)			\$	