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

(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 __$0.70_____ = $ _____ (total miles from back side x rate)

Total miles | Rate per mile (effective 1/1/25) | Mileage Reimbursement due

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

EXPENDITURE DESCRIPTION (attach detailed receipts**)

Date	Paid To	Description	Amount

Total Reimbursement Due: $_____

_____ _____

Employee Signature | Administrator or Superintedent Signature

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

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

*RECORD TRIPS ON BACK SIDE

**WHEREAS THE SOURCE OF GIFT CARDS CANNOT BE VERIFIED, GIFT CARDS ARE NOT AN ACCEPTABLE FORM OF PAYMENT.

Revised: 1/1/25 (blue)

DATE	FROM RSU 5 LOCATION	TO DESTINATION	PURPOSE OF TRIP	MILES