

REIMBURSEMENT CLAIM FORM

SUPPLIES PURCHASED:
(attach all receipts)

TOTAL _____

Mileage Travel to _____

Date _____

_____ miles @ .67 per mile _____

Per Diem (overnight stays only)

Breakfast.....\$6.00 x _____ = _____

Lunch.....\$14.00 x _____ = _____

Dinner.....\$20.00 x _____ = _____

TOTAL _____

OTHER:

TOTAL _____

COMMENTS: _____

TOTAL AMOUNT DUE _____

Person Requesting Signature Date

Name: _____

Address: _____

Supt. Date
Approved: YES NO