HAWLEY PUBLIC SCHOOLS, ISD #150

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

REIMBURSABLE BUSINESS EXPENSE CLAIM FORM - 2025/2026

Employee Submitting Claim: _____ _____
Today's Date

Employee ☐
(Check One)
Vendor ☐

_____
Employee / Vendor Name

_____

_____

_____
Employee / Vendor Address

HAWLEY PUBLIC SCHOOLS

Rates Effective Jan 1, 2025

Date	Expense Item	Reason & Location	# Miles	MILEAGE District Rate ☐	MILEAGE Personal Rate ☐	Expense	Other Expense	TOTAL EXPENSE
				0.725	0.350			
				0.725	0.350			
				0.725	0.350			
				0.725	0.350			
				0.725	0.350			
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				0.725	0.350			
				0.725	0.350			
		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