



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

(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 \$0.725 = \$_____ (total miles from back side x rate) Total miles Rate per mile Mileage Reimbursement due

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

EXPENDITURE DESCRIPTION (attach detailed receipts**)

Table with 4 columns: Date, Paid To, Description, Amount. Contains three empty rows for data entry.

Total Reimbursement Due: \$_____

Employee Signature

Administrator or Superintendent Signature

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

Account # Amount
\$
\$
\$

*RECORD TRIPS ON BACK SIDE

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

Revised: 2/2/26 (blue)

