



Red Clay Consolidated School District
Reimbursement Request
Cell Phone/Mileage/Supplies

PV# _____
Vendor _____
Date _____

The Red Clay Consolidated School District Reimbursement Request must be sent to the Business Office within the following deadlines:
Cell Phones (3 months at a time), Mileage (Monthly), Supplies (No More than 6 months at a time)

IMPORTANT NOTE: Please attach all receipts, registration, and mileage detail to your reimbursement.

Name			Reimbursement Amount Total:	
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Address			
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City				State		Zip		
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Date	Description	Amount
	Total:	

* Explanation/Reason for reimbursement:

Budget Reference	Fund	Dept
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Operating Unit	Appropriation	Program
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Account Code	Category Code	School Location
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PC Business Unit	Project	Activity
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Employee Certification:

I do solemnly swear that the above mentioned expenses were incurred as a necessary expenditure in the conduct of state business and that the representations contained in this form are true and correct.

Employee Signature:		Date:	
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Manager/Principal Approval:		Date:	
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District Office Approval:		Date:	
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Red Clay Consolidated School District Personal Reimbursement Mileage Log									
Name:					Employee ID				

Employee ID

EX: July mileage must be submitted prior to August 30th.

[illegible]

Mileage Rate: Number of miles * \$0.50		Total Miles		\$ -	-
Must have receipt for Tolls or ezpass Statement		Mileage Reimbursement @	\$0.50		\$ -
showing toll paid		Toll Reimbursement			\$ -
		Total Mileage/Tolls			\$ -

Red Clay Consolidated School District Personal Reimbursement Supplies Log				
Name				Employee ID

[illegible]