

Yamhill Carlton School District #1

Reimbursement Request

Revised 07/2026

Employee/Claimant Name:	
School/Location:	
Reimbursement Month:	

(turn in only one reimbursement per month)

Date	Description/Purpose	Mileage	Lodging	Meals	Other	PO Line
TOTALS		0	\$ 0.00	\$ 0.00	\$ 0.00	

Total Miles @ rate/mile: <small>Enter rate in lower right hand of form.</small>	\$ 0.00
Total Lodging/Meals/Other:	\$ 0.00
Total Claim:	\$ 0.00
Total Reimbursement Amount:	\$ 0.00

Signature of Employee/Claimant Date

Secretary Reviews Date

Purchase Order #: _____

Receipts in excess of original P.O. will not be reimbursed.

PO Line	Account	Total

Please enter correct reimbursement rate for your claim:

0.760

Effective July 1, 2026 = .76
Prior to January 1, 2026 = .725