Morgan County School District Re-3
715 West Platte Avenue
Fort Morgan, CO 80701

Reference File: DKC

EMPLOYEE REIMBURSEMENT/REQUEST VOUCHER

Name ______________________ School ______________________

Type of Meeting ______________________ Destination ______________________

Date(s) Held ______________________ Number of Days ______________________

* *

ATTACH ALL RECEIPTS AND DOCUMENTATION

Leave Request Form MUST be Approved by Supervisor Prior to Absence

* *

Mileage: Attach documentation – MapQuest, Google Maps, etc.	Total Miles	@ 0.76	$
Meals: For credit card reimbursement, submit BOTH detailed and signed receipts. Include the names of the employees on receipt.	Actual Cost Reimbursed: (Maximum Amount) Breakfast - $ 13.00 Lunch - $15.00 Dinner - $26.00	Combined Meals Total	$
Transportation Fees: (Parking, Shuttle, Taxi, etc.)			$
Supplies: (Description/For What Use)			$
Other: (Description/For What Use)			$
Other: (Description/For What Use)			$
Other: (Description/For What Use)			$
			$
Total Reimbursed to Employee			$ 0.00

Signed ______________________ Budget No. ______________________
Employee

Approved ______________________ Date ______________________
Supervisor