GRISWOLD PUBLIC SCHOOLS

2026 Expense Claim Form

Employee Name: _____ **Date Submitted:** _____

Work Location: _____ **Month/Year of Expense:** _____

MILEAGE (attached additional sheets if necessary)

DATE	FROM	TO	MILES	PURPOSE	
		TOTAL MILES		X $.76 per mile =	$

OTHER EXPENSES (original receipt must be attached)

DATE	VENDOR	PURPOSE/DESCRIPTION OF ITEMS	AMOUNT
		TOTAL EXPENSES	
		TOTAL REIMBURSEMENT REQUESTED	

APPROVAL

_____ _____ _____

Immediate Supervisor Signature **Date** **Budget Code**

_____ _____

Business Manager Signature **Date**

CERTIFICATION

I hereby certify under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me and that no payment has been receive on account thereof.

_____ _____

Claimant's Signature **Date**