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: **Enter rate in lower right hand of form.**	$ 0.00
Total Lodging/Meals/Other:	$ 0.00
Total Claim:	$ 0.00
Total Reimbursement Amount:	$ 0.00

_____

Signature of Employee/Claimant Date

_____

Supervisor Approval 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