



2023 Travel & Expense Reimbursement

Use this form to request reimbursement for expenditures incurred

Location: Staff AP and Payroll Forms/Accounts Payable/Travel & Expense Reimbursement

Name of

Claimant: _____

Claimants

address: _____

City State Zip: _____

Explanation for Expense Claim:

PO Number: _____

Mileage

Rate per mile: _____

Date	Destination	Miles	Amount

TOTAL

Lodging

Date	Hotel / Accommodation	Amount

TOTAL

Attach detailed receipts.

Meals

Allowances - Breakfast \$14, Lunch \$16 and Dinner \$26 (this includes tip)

Date	For Person(s)	Restaurant	Brkfast	Lunch	Dinner	Total

TOTAL

Attach detailed receipts. If non-reimbursable items are included on receipt, enter only the reimbursable portion above.

Supply & Misc Reimbursements

Date	Supplier/Store	Description of Item(s)	Amount

TOTAL

Attach detailed receipts. If non-reimbursable items are included on receipt, enter only the reimbursable portion above.

GRAND TOTAL REIMBURSEMENT REQUEST:

I (claimant) certify that this is a true and accurate representation of expenses incurred by me, and all reimbursements being requested are in connection with an approved district business purpose. I understand that this reimbursement will occur with the next practical regularly scheduled Accounts Payable payment cycle.

Signature of Claimant

Date

Approval Signature

Date