

General Personnel

Exhibit - Employee Expense Reimbursement Form

Submit to the Superintendent. Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements. Please print and attach receipts for all expenditures.

Name: _____ Title/Office: _____

Destination: _____ Purpose: _____

Departure Date: _____ Return Date: _____

Receipts attached Request Date: _____

Actual Expense Report										
Auto Travel Allowance: _____ per mile										
Date	Mileage		Comm. Travel Expenses	Lodging	Meals			Other Item	Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner			
Subtotal										
TOTAL									\$	

Approved **Denied**
 Approved in Part

 Superintendent Signature

 Date

Approved **Denied**
 Approved in Part

 Employee Signature

 Date