



## Reedsport School District Travel and Expense Reimbursement Report

Name of Claimant: \_\_\_\_\_

Address/City/Zip Code: \_\_\_\_\_ School/Location: \_\_\_\_\_

Period Covered:

From: \_\_\_\_\_ To: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Fund \_\_\_\_\_ Function: \_\_\_\_\_ Object: \_\_\_\_\_

Date	Travel Destination		Mileage	*Auto Expense @ ¢ 0.70] per mile	Lodging	Meals	Other/ Miscellaneous Expenses	Total Expense	Purpose of Expenditure and/or Topic of Meeting <i>(If paid for additional persons, list persons other than self)</i>
Total Expenditures									
I certify that the above claim accurately reflects actual expenses incurred by me in authorized district travel									
Submitted by:					Advance Funds Used				
Supervisor Approval:					Total Owed Claimant or Due to District				

\*Mileage rate changes each year starting on January 1<sup>st</sup>.