

**SEYMOUR R-II SCHOOLS
EXPENSE REIMBURSEMENT FORM**

1. Name of Employee: _____
2. Date of Event: _____
3. Activity: _____
4. Location of Event/Trip: _____
5. Account Code _____

Function	Object	
Mileage Round Trip _____ @ <u>.45</u> =		\$ _____
Lodging - ____ Yes ____ No	If yes, the Amount	\$ _____
Meals - ____ Yes ____ No	If yes, the Amount	\$ _____
Other Allowable District Expenses - Explain: _____ _____		_____

Total Amount to be reimbursed _____

(Lodging, meals, and conference fee receipts must be attached for reimbursement)

Signature of Person: _____ Date: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

Note: If reimbursement is for more than one date/trip/activity, please attach a detailed list.

SEYMOUR R-II SCHOOLS MONTHLY MILEAGE FORM

Employee: _____ Month: _____

Department: _____

Date	Activity/Location	Miles @ .45/mile	Amount
Total Miles			
Total Amount			