

Green City R-1 Expense Reimbursement Form

Name: _____ Date of Activity: _____

Meals (Date)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Breakfast (\$10)								
Lunch (\$12)								
Dinner (\$15)								
Total								

Travel:

From _____ to _____

From _____ to _____

Expenses:

Meals (from Above) \$ _____

Miles Traveled ____ @ \$0.45 \$ _____

Other \$ _____

Total Expenses \$ _____

ATTACH ALL RECEIPTS TO THIS FORM

Reason for expense reimbursement: _____

Account to Be Charged for Reimbursement: _____

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Superintendent Signature: _____ **Date:** _____