

USD #347 Reimbursement Request

Name _____

Address _____

Type and Location of School Business _____

Date of School Business _____

Attach receipts for hotels, meals, and transportation

Hotel/Motel: _____ Total _____

Meals: Breakfast _____

Lunch _____

Dinner _____

Other: (please itemize) _____

Transportation: _____

School Car _____

Personal Car: _____

Mileage from _____ to _____

Total Miles @ current allowance _____

Airplane fare, round Trip: _____

Other Fare: (itemize) _____

Expense Total _____

I hereby certify that the above expenses were actually incurred by me in the performance of my duties as an employee of USD #347, Edwards County, KS.

Signature Date Approved

This form must be turned in to the District Office by the last day of each month in order to receive reimbursement after the next Board meeting.

"Home of the Coyotes"