Sweet Home School District #55
Travel Expenditures – Reimbursement Claim
(Must be in Business Office by 5th of month to receive payment on 10th)

Name_____ **School**_____ **Date**_____

Mileage Reimbursement			Other Expenses-Attach receipts when applicable		
Date	**Mileage**	**Destination**	**Date**	**Description**	**Cost**

Total Miles _____ @ _____ per mile = Total Mileage Expense $_____

Total Other Expenses $_____

TOTAL EXPENSES   **$_____**

Fund	Function	Object	Location	Area	Amount

Signature of Claimant _____   Signature of Supervisor _____

tony/reimform