

George - Little Rock Community Schools Request for Expense Reimbursement

Please complete yellow sections.

Name:		Dates of Travel:		to	
Date Submitted:					

Destination:	From:		To:		Return:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	From:		To:		Return:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A: Lodging Expense:

Cost per Night:	\$0.00
Number of Nights:	0
Total Cost of Lodging:	\$0.00

B: Travel Expense:

Air
 School Vehicle
 Other

MONTH/YEAR: 			
DATE	Miles	DATE	Miles
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	

C: Meal Expense: (Must have receipts)

Meals Expense:	\$0.00
----------------	--------

PLEASE ATTACH ITEMIZED RECEIPT

(Reimbursement will be denied without itemized receipt.)

D: Registration Expense:

Paid by school Paid by You

Must be PREAPPROVED

Registration Paid:	\$0.00
--------------------	--------

PLEASE ATTACH ITEMIZED RECEIPT

E: Other Expenses (Not covered in A-D)

Nature of the Expense:	
-------------------------------	--

Must be PREAPPROVED

Total Other Expenses:	
-----------------------	--

PLEASE ATTACH ITEMIZED RECEIPT

Total Miles Driven:	0
---------------------	---

Total to be Reimbursed:	\$0.00
--------------------------------	---------------

Mileage Expense:	\$0.00
Air Ticket Price:	\$0.00
Total Travel Expense:	\$0.00

DUE: Monthly by 2nd of the Month.

Personal Auto Expenses will be paid at the rate of \$.30 per mile.

Actual ITEMIZED receipts (stating WHAT purchased) shall be retained and submitted for all expenses incurred.

Expenses for meals will be reimbursed at a rate according to board policy.

Reimbursements without proper receipts will be denied.

Employee's E-Signature:

Return completed form and any receipts to the Central Office.