

# GEYSERVILLE UNIFIED SCHOOL DISTRICT

## Employee Expense Reimbursement

<b>Date of Employee Request:</b>
<b>Employee Name and Address:</b>
<b>Employee Contact Phone:</b>

**Receipts**

*Note: Itemized receipts are required for reimbursement claims.*

Date	Vendor	Description	Amount
<i>TOTAL RECEIPTS →</i>			

**Mileage**

Date	From	To	Description	Miles
<i>TOTAL MILEAGE →</i>				

**TOTAL REQUESTED**

<i>TOTAL RECEIPTS →</i>			
Total Mileage		X 0.545	per mile = <i>TOTAL MILEAGE EXPENSE →</i>

(Miles x 54.5 cents = Total Mileage Expense)

**TOTAL EXPENSE REIMBURSEMENT:**

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Special Instructions:

Reimbursable from:

Originator:	Date:	Principal :	Date:
Superintendent:	Date:	Business Manager:	Date:
Account Code:			