

GEYSERVILLE UNIFIED SCHOOL DISTRICT

Employee Expense Reimbursement

Date: _____

Employee Name and Address:
phone:

***Itemized receipts are required for reimbursement claims**

Date	Vendor	Description	Amount	
TOTAL				
Mileage				
Date	From	To	Description	Miles
Total Miles	X	72.5	cents per mile =	Total Mileage Expense
(Miles x 0.725 = Total Expense)				
TOTAL EXPENSE REIMBURSEMENT:				

Special Instructions:
Reimbursable from:

Originator: _____	Date: _____	Principal : _____	Date: _____
Superintendent: _____	Date: _____	Business Manager: _____	Date: _____

Account Code: _____