GEYSERVILLE UNIFIED SCHOOL DISTRICT

Employee Expense Reimbursment

Date:_____

Employee Name and Address:
phone:

***Itemized receipts are required for reimbursment claims**

Date	Vendor	Descritpion	Amount
		TOTAL	

Mileage				
Date	From	To	Description	Miles
Total Miles	X	76	cents per mile = Total Mileage Expense	
(Miles x 0.76 = Total Expense)			**TOTAL EXPENSE REIMBURSEMENT:**	

Special Instructions:
Reimbursable from:

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

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