

Mio AuSable Schools - Expense Reimbursement Claim Form

Effective 12/19/23

PLEASE ATTACH RECEIPTS TO THIS FORM AND TURN IN TO YOUR ADMINISTRATOR.

DATE	DESTINATION	DESCRIPTION OF EVENT (CONFERENCE/MEETING, SUPPLIES, ETC)	LODGING	MEALS	RECEIPT TOTAL	TOTAL MILES	.67c PER MILE
TOTALS							

Total Expense Reimbursement Claim \$

Employee Name _____

Employee Signature _____

Signature of Administrator or Supervisor _____

Additional Information: _____

Account #: _____

Account #: _____

Account #: _____