**Must be turned in by the 5th of each month**

**Willard R-2 School District**

Employee Expense Reimbursement

**Request for Payment**

Expenses for Month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested by: Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Travel** **(.46/Mile) New rate beginning July 2013**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Destination | Reason | Miles | Amt |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** |  |  |  |  |

**Miscellaneous**

|  |  |  |
| --- | --- | --- |
| Date | Item | Amt |
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|  |  |  |
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|  |  |  |
|  |  |  |
| **TOTAL** |  |  |

**Grand Total** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meal Limits: Breakfast $8.00 Lunch $10.00 Dinner $15.00 New rate beginning July 2013**

**I would like my reimbursement to be made by Direct Deposit\*. \_\_\_\_\_\_ (Initial Here)**

\*This option may only be selected if you currently receive your monthly salary paycheck by Direct Deposit. The deposit will be made to the primary account we currently have on file. Once you have elected to receive your reimbursement through Direct Deposit it will continue indefinitely until you contact District Office to change methods.

District Mileage Reimbursement Request - Detail Mileage

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your route varies from approved schedule please explain in comment section.

|  |  |  |
| --- | --- | --- |
| East, HS, MS | One Way | Round Trip |
| South | 9 | 18 |
| Central | 6 | 12 |
| Orchard Hills and Intermediate South | 11 | 22 |
| Sped Office, North, Intermediate North | One Way | Round Trip |
| South | 9 | 18 |
| Central | 6 | 12 |
| Orchard Hills and Intermediate South | 11 | 22 |
|  | One Way | Round Trip |
| South – Central | 5 | 10 |
| South – Orchard Hills and Intermediate South | 4 | 8 |
| Central – Orchard Hills and Intermediate South | 8 | 16 |

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Destination | Miles | Comment |
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*Revised 8/6/2019*