

**REDMOND SCHOOL DISTRICT 2J
EXPENSE REIMBURSEMENT REQUEST**

Name: _____ Position/Building: _____ Date: _____

TRAVEL BY AUTOMOBILE:

DATE	DESTINATION	PURPOSE OF TRIP	# OF MILES
TOTAL MILES			
CENTS PER MILE _____			

TRAVEL BY PUBLIC CARRIER:

DATE	DESTINATION	PURPOSE OF TRIP	COST
TOTAL BY PUBLIC CARRIER			

MEALS AND LODGING (RECEIPTS REQUIRED):

DATE	BREAKFAST	LUNCH	DINNER	LODGING	COST
TOTAL MEALS AND LODGING					

OTHER EXPENSES (RECEIPTS REQUIRED):

DATE	ITEM	COST
TOTAL OTHER EXPENSES		
TOTAL ALL EXPENSES		

If a personal credit card was used, please provide an explanation as to why a PO or District PCard was not used:

Is there any personal gain associated with the use of the non-District card? (e.g. airline miles, rebates, etc.) _____

Please note that if you receive PER DIEM for meals in advance of the actual travel, you will be responsible for returning the funds if the travel does not occur. Your signature below indicates the following:

1. You have read and understand all District policy regarding travel and expense reimbursements;
2. You are acknowledging that you have adhered to all applicable District policies and that the funds have not been expended on any unallowable items; and
3. You agree that failure to make repayment or provide receipts in a timely manner may result in an automatic deduction for the amount of the advance from your next payroll disbursement.

REQUESTOR SIGNATURE: _____

ACCOUNT: _____

APPROVED BY: _____

<p>ACCOUNT NUMBER AND SIGNATURE REQUIRED <u>BEFORE</u> SENDING TO FISCAL DEPT</p>
