



CLINTON COMMUNITY SCHOOL DISTRICT EXPENSE REIMBURSEMENT FORM

Policy 401.12R1

1401 12th Ave N., Clinton, IA 52732

Name	Period of Report _____ to _____
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Address	Date Submitted
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Budget Code _____

Purpose and/or Place of Reimbursement Request

DATE	MILEAGE	TRANSPORTATION (Air, Taxi, Car Rental Etc.)	AUTO (Gas, Tolls, Parking etc.)	LODGING	MEALS : Itemized Receipts Attached Allowable Limits (includes tax & 15% tip)			Misc.*	TOTAL
					\$10	\$15	\$25		
					Breakfast	Lunch	Dinner		
TOTALS									

**Itemize Misc Expenses Below (Sales Tax Non-Reimbursable)*

Employee Signature _____	Date _____
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Approved by _____	Date _____
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I acknowledge that the information provided on this form is accurate and complete.