



**Echo School District 5R**  
**MISCELLANEOUS EXPENSE REIMBURSEMENT CLAIM**

For the Month of \_\_\_\_\_

Attach Original Receipts

Date	Purpose of Expense	Vendor of Purchase	Item(s) Purchased	Amount	Total
				<b>Total</b>	

**TRAVEL REIMBURSEMENT CLAIM**

Date	Purpose of Travel	To-From	Miles	Current Mileage* Cost @ 0.555	Per Diem Meals ** \$22/Day	Lodging***	Misc****	Total

\* Current IRS Rate/Mileage print MapQuest/Use this column for other forms of travel. Attach receipts.

\*\* Meal reimbursement: Breakfast-\$4; Lunch-\$6; Dinner-\$12. \*\*\* Attach original lodging receipts.

\*\*\*\*Original receipts must accompany claims for convention registration.

Note: Mileage out-of-district - print MapQuest showing one way mileage.

<b>Subtotal</b>	\$
<b>Less Advance</b>	\$
<b>Total Due</b>	\$

Vendor No. \_\_\_\_\_

Must be Approved by Supervisor/Superintendent

\_\_\_\_\_  
Claimant Name (Printed)

\_\_\_\_\_  
Approved Date

\_\_\_\_\_  
Claimant Signature Date

\_\_\_\_\_  
Claimant Address

\_\_\_\_\_

**Check One**

General Fund: \_\_\_\_\_ Budget Account # \_\_\_\_\_

ASB: Acct/Club/Class: \_\_\_\_\_