

# Mt. Angel School District 91

Code: DLC-AR(2)  
Revised/Reviewed: 9/06/17; 12/27/18

## Travel and Reimbursement Request

Name of Claimant: \_\_\_\_\_

Purpose of Expense: \_\_\_\_\_

Travel (as listed on back): \$ \_\_\_\_\_  
Lodging: \$ \_\_\_\_\_  
Meals: \$ \_\_\_\_\_  
Registration: \$ \_\_\_\_\_  
Misc. Expense: \$ \_\_\_\_\_  
**Total Expense:** \$ \_\_\_\_\_

Account(s) to be charged:

_____	_____	_____	_____	_____	\$
Fund	Function	Object	Location	Area	
_____	_____	_____	_____	_____	\$
Fund	Function	Object	Location	Area	
_____	_____	_____	_____	_____	\$
Fund	Function	Object	Location	Area	

I certify that the above claim accurate reflects actual expenses incurred by me in authorized school district business.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approval:

\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

All receipts must be attached, substantiating request for reimbursement. Form must be completed totally. If not preprinted on receipt, write names of restaurant on meal receipt and itemize meals. If more than (\$5.00) for breakfast, (\$7.00) for lunch and (\$13.00) for dinner is expended, please attach an explanation and rationalization. If you paid for persons other than yourself, please list individuals names and position.

Vendor Code: \_\_\_\_\_

