

<h1 style="margin: 0;">Scio School District 95</h1>

Code: **DJFA-AR (1)**
 Revised/Reviewed: 2/27/06; 12/12/12
 Orig. Code(s): DJFA-AR(1)

Business Expense (Bank Card) Claim

Name _____

Time Period Covered: From _____ To _____ (Inclusive)

Please list each expenditure separately. Attach receipts for all lodging and other disbursements.

Date	Item	Account Code	Auto Expense	Meals	Lodging	Transportation	Miscellaneous
TOTALS:							

Date Submitted _____

Date Approved _____