Stanfield School District 61

Code: **DLC-AR**
Adopted: 11/8/94
Readopted: 4/10/08
Orig. Code(s): DLC-AR

Request for Reimbursement of Expenses

Name_____ Date_____

Date	Destination/Description	Mileage	(attach all receipts) Meals/ Lodging	Other
	Totals			
	Total Miles_____@ .505 cents=			
	TOTAL AMOUNT DUE			

Reimbursement will not be made without receipts. Receipts over 60 days will not be honored (this includes mileage, meals and all other items).

Charge to:
Acct #_____ Am't_____
Acct #_____ Am't_____
Acct #_____ Am't_____

The above is a true statement of the expenses incurred by me in performance of my duties as an employee of the Stanfield School District 61-R.

_____ _____
Signature of Employee Approved by Supervisor Date
Further Explanation:_____