

**ASHLAND-GREENWOOD PUBLIC SCHOOLS
EXPENSE CLAIM FORM**

NOT A PURCHASE ORDER – This Form Is Use to Claim Reimbursement for Previously Approved Employee Incurred Expenses – or –Expenses Requiring Immediate or Pre Payment

Make check payable to:

Name _____ Budget Purpose Code _____

Address _____ City, State Zip _____

Date	Description (For travel please provide the complete address: street, city, state of destination)	Purpose	Travel Time		Expense	Meals	Transportation			Total Expense
			Started	Stopped	(Itemized Receipts Required)		Rate Per Mile	Miles	Amount	
							0.58			
							0.58			
							0.58			
							0.58			
							0.58			
							0.58			

If requesting reimbursement for personal vehicle please include vehicle owner & license plate number

PAGE TOTAL

Owner: _____ License Plate Number: _____

Signature - Staff Member _____ Department _____ Date _____

For Office Use Only:

Principal's Approval _____ Date _____ Program Balance before Disbursement _____

Superintendent's Approval _____ Date _____

Warrant Number _____ Date Paid _____ Office Manager _____

Exp Claim Form
Revised 1-14-19