

# Ashland-Greenwood Public Schools Expense Claim Form

**NOT A PURCHASE ORDER** - This Form is Used 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		Meals <small>(Itemized Receipts Required)</small>	Lodging	Transportation			Total Expense
			Started	Stopped			Rate Per Mile	Miles	Amount	
							\$0.535			
							\$0.535			
							\$0.535			
							\$0.535			
							\$0.535			
							\$0.535			
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							\$0.535			
							\$0.535			
							\$0.535			
							\$0.535			
							\$0.535			

Page Total: \_\_\_\_\_

If requesting reimbursement for personal vehicle, please include vehicle owner and license plate number.

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 \_\_\_\_\_