

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	Lodging	Transportation			Total Expense
			Started	Stopped	(Itemized Receipts Required)		Rate Per Mile	Miles	Amount	
							\$0.725			
							\$0.725			
							\$0.725			
							\$0.725			
							\$0.725			
							\$0.725			
							\$0.725			
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							\$0.725			
							\$0.725			
							\$0.725			
							\$0.725			
							\$0.725			
							\$0.725			

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 _____

Exp Claim Form
Revised 07/01/11