

Clayton Ridge Community School District

Reimbursement Request

Name _____

Date Expense Incurred _____

Destination _____

Purpose of Travel _____

Type of Fund

___ General
___ Activity
___ Special Education
___ Other _____

Expenditures

Mileage: Total Miles Traveled _____ x \$.35 = \$ _____

Meals.....\$ _____

Lodging.....\$ _____

Other: _____ \$ _____

TOTAL \$ _____

All receipts must include amount of purchase, date, name and address of establishment.

I certify that the expenses listed above were incurred by me and authorized by the administration of Clayton Ridge Community School District.

Signature _____ Date _____