

REIMBURSABLE EXPENSE REPORT

SCHOOL DISTRICT OF ASHLAND

NAME: _____ DATE(S) OF ACTIVITY: _____

NATURE OF ACTIVITY: _____ # ATTENDING: _____

PLACE OF ACTIVITY: *(City & State)* _____

**** ALL ITEMIZED RECEIPTS MUST BE ATTACHED TO THE BACK OF THIS FORM ****
Reimbursement will be not made without receipts.

HOTEL / MOTEL:

NAME: *(Attach Statements)* _____ \$ _____

MEALS: Breakfast: # _____ Cost: \$ _____
(\$6.90 Daily)
Lunch: # _____ Cost: \$ _____
(\$8.37 Daily)
Dinner: # _____ Cost: \$ _____
(\$15.98 Daily)

*** No reimbursement shall be made for the cost of alcoholic beverages.**

TOTAL COST FOR MEALS: \$ _____

TRANSPORTATION:

Auto: _____ Miles @ _____ per mile TOTAL: \$ _____

OTHER: _____ \$ _____

_____ \$ _____

TOTAL OTHER: \$ _____

GRAND TOTAL (BALANCE DUE): \$ _____

ACCOUNT CODE: _____

SIGNATURE: _____ DATE: _____

PRINCIPAL: _____ DATE: _____