

REIMBURSEMENT CLAIM FORM Approved by: _____
Wamego USD 320 (updated Jul/2012) (Signature of Bldg. Principal or Spec. Services Director)

Name: _____ **Address:** _____

Event Attended: _____ **Location:** _____ **Date:** _____

Other Info: _____ **Overnight Stay?** ___ yes ___ no

MEALS: Amounts allowed: Breakfast: \$10 Lunch: \$13 Dinner: \$25 (ATTACH **ITEMIZED** RECEIPTS)

<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<i>(Office Use Only)</i>
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____

Mileage

Number of Miles: _____ Current Rate: _____ = \$

Odometer Readings

Beginning: _____ Ending: _____

Other Expenses

Description: _____ **Amount:** \$ _____

Total Reimbursable Amount Due: \$ _____

Date Submitted

Employee Signature