

**ROCK HILL LOCAL SCHOOL DISTRICT**  
**EMPLOYEE REIMBURSEMENT FORM**

CLASSIFIED

NAME: \_\_\_\_\_ PURCHASE ORDER NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NATURE OF TRIP/REASON FOR EXPENSES: \_\_\_\_\_

MILEAGE (\$0.40 PER MILE)  
ACCOUNT FOR EACH DAY

MEALS (\$25.00 PER DAY)  
ACCOUNT FOR EACH DAY

DATE                      MILEAGE

DATE                      MEALS



TOTAL MILEAGE \_\_\_\_\_

TOTAL MEALS \_\_\_\_\_

PARKING: \$ \_\_\_\_\_

REGISTRATION: \$ \_\_\_\_\_

LODGING: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_

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TOTAL MEALS: \$ \_\_\_\_\_

TOTAL LODGING: \$ \_\_\_\_\_

TOTAL MILEAGE: \$ \_\_\_\_\_

TOTAL REGISTRATION: \$ \_\_\_\_\_

TOTAL PARKING: \$ \_\_\_\_\_

TOTAL OTHER: \$ \_\_\_\_\_

TOTAL REIMBURSEMENT: \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
PERSON REQUESTING REIMBURSEMENT

APPROVED BY: \_\_\_\_\_  
SUPERINTENDENT OF SCHOOLS

- REIMBURSEMENT FORM MUST BE SIGNED
- ALL REIMBURSEMENTS NEED A SIGNED RECEIPT
- ATTACH ALL SIGNED RECEIPTS
- GRATUITITES ARE NOT REIMBURSABLE
- ALL RECEIPTS MUST BE DATED