

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

<u>DATE</u>	<u>MILEAGE</u>
_____	_____
_____	_____
_____	_____
_____	_____

<u>DATE</u>	<u>MEALS</u>
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL MILEAGE _____

TOTAL MEALS _____

PARKING: \$ _____

REGISTRATION: \$ _____

LODGING: \$ _____

OTHER: \$ _____

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