MENAHGA PUBLIC SCHOOL DISTRICT #821
PO Box 160 • Menahga, MN 56464 • 218-564-4141

8645

Employee Mileage and Expense Form

Pay to _____

Address _____

_____ Zip Code _____

NOTE: All Instructions Must Be Followed For Claim To Be Processed.

1. Each person must submit their own reimbursement forms. One person may not bill for another's expense. Example: Each must bill for their share of a hotel bill.
2. All receipts must be attached.
3. Expenses must be submitted no later than 30 days after they are incurred.

INSTRUCTIONS: Record the date of the expense, place visited and the purpose, and the number of miles traveled each day. Record in the MISC. column all other expenses, including credits, that require receipts.
USE ADDITIONAL MILEAGE & EXPENSE FORMS AS ARE NECESSARY TO CLAIM EXPENSES.

DATE	DESCRIPTION	MILES	MILEAGE AMT.	LODGING	MISC.	BRKFST	LUNCH	DINNER	TOTAL
	TOTAL								

Note: Travel account number (306)

For Business Office Use Only:

FD	ORG	PRO	CRS	FN	OBJ	INVOICE AMOUNT	INVOICE	VENDOR

I declare under the penalties of law that this claim, or demand is just and correct and that no part of it has been paid.

_____
Claimant Signature

_____
Date

_____
Supervisor's Signature