

# FILLMORE CENTRAL SCHOOL DISTRICT

## REIMBURSEMENT / PAYMENT REQUEST

SELECT ONE:

- \_\_\_\_\_ STAFF MILEAGE REIMBURSEMENT (Rate as of 01/01/24 = 67¢)
- \_\_\_\_\_ STAFF MEAL REIMBURSEMENT (circle one: Overnight Stay YES or NO)
- \_\_\_\_\_ STAFF MISC. REIMBURSEMENT
- \_\_\_\_\_ HAND PAYABLE
- \_\_\_\_\_ ADDITIONAL PAYROLL

CHECK PAYABLE TO: \_\_\_\_\_  
 (Each vendor requires a separate form.)

CHARGE EXPENSE TO: \_\_\_\_\_  
 (ie: Staff Dev, Mini Grant, Title I)

DATE	ITEM TO BE REIMBURSED/PAID	AMOUNT
	Note: DETAILED invoices/receipts must be attached to this form. A signature only credit card receipt DOES NOT qualify. Sales tax cannot be reimbursed except on lodging and meals.	
	<b>TOTAL:</b>	

**MILEAGE:**

DATE	DESTINATION	MILES	AMOUNT (# miles x 67¢)
		<b>TOTAL:</b>	

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

Claim submitted by: \_\_\_\_\_  
*Signature* *Date*

Claim approved by: \_\_\_\_\_  
*Signature* *Date*