

FILLMORE CENTRAL SCHOOL DISTRICT

REIMBURSEMENT / PAYMENT REQUEST

SELECT ONE:

- STAFF MILEAGE REIMBURSEMENT (Rate as of 01/01/25 = 70¢)
 STAFF MEAL REIMBURSEMENT (circle one: Overnight Stay YES or NO)
 STAFF REIMBURSEMENT, Other
 HAND CHECK REQUEST (Check should be: Mailed or Returned to requester)

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.	
	TOTAL:	

MILEAGE:

DATE	DESTINATION	MILES	AMOUNT (# miles x 70¢)
		TOTAL:	

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*