

Harrisburg School District #7 Travel and Expense Reimbursement Report 2019

Name of Claimant: _____ School/Location: _____
Address/City/Zip Code: _____ Acct No. _____
Period Covered: From: _____ To: _____ Date Submitted: _____
PO No. _____

Date	Travel Destination		Mileage	Updated 1-1-19 Auto Expense @ .58 per mile	Lodging	Meals	Other/ Miscellaneous Expenses	Total Expenses	Vendor and Purpose of Expenditure and/or Topic of Meeting and/or Training Event
	From	To							
Total Expenditures									
I certify that the above claim accurately reflects actual expenses incurred by me in authorized school district travel									
Submitted by:					Less Advance Funds Used				
Supervisor Approval:					Total Owed Claimant or Due to District				
Superintendent Approval:									

All receipts must be attached, substantiating request for reimbursement.
Credit card receipt with no detail will not be accepted. Form must be completed totally.

If not preprinted on receipt, write names of restaurant on meals receipts and itemize meals. If you paid for persons other than yourself, please list individuals names and positions (attach additional page if necessary). Mapquest must be attached for proof of mileage from school to destination or round trip.