Green City R-1
Expense Reimbursement Form

Name: _____ Date of Activity: _____

Meals (Date)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Breakfast ($12)								
Lunch ($18)								
Supper ($20)								
Total								

Travel:

From _____ to _____

From _____ to _____

Expenses:

      Meals (from Above) $ _____

      Miles Traveled _____ @ $0.52 $ _____

      Other $ _____

      Total Expenses $ _____

ATTACH ALL RECEIPTS TO THIS FORM

Reason for Expense Reimbursement: _____

Account to be Charged for Reimbursement: _____

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Superintendent Signature: _____ **Date:** _____