

Name (Please Print) _____

HICKMAN COMMUNITY CHARTER DISTRICT**Reimbursement of Expenses**

MILEAGE (A)					
DATE	TO	FROM	PURPOSE	MILES	TOTAL @ \$.56 BUSINESS OFFICE USE ONLY
TOTAL OF A					\$

MISCELLANEOUS (B)				
(Attach receipts for approved supplies, lodging, airfare, parking)				
DATE	ITEM	PURPOSE	PLACE	TOTAL
TOTAL OF B				\$

MEAL PER DIEM (C)				
(Attach Meal Receipts)				
DATE	TIME DEP.	TIME RET.	MEALS	TOTAL
			B-13 L-15 D-27	
			B-13 L-15 D-27	
			B-13 L-15 D-27	
			B-13 L-15 D-27	
TOTAL OF C				\$
TOTAL OF A, B & C				\$

I certify that the above expenditures are true and correct: _____

Signature

Date

APPROVED: _____

Revised 9/19/05
 Revised 9/16/08 – Mileage
 Revised 1/5/09 – Mileage
 Revised 1/8/21 - Mileage

Revised 10/21/08 – Meals
 Revised 1/14/10 Mileage
 Revised 7/6/11 Mileage

Revised 1/1/2014- Mileage
 Revised 1/1/2016-Mileage
 Revised 1/1/2018 –Mileage

Revised 1/1/2019-Mileage
 Revised 1/1/2019 Meal Per Diem
 Revised 1/1/2020-Mileage

