

Name (Please Print) _____

Phone Number _____

HICKMAN COMMUNITY CHARTER DISTRICT

Reimbursement of Expenses

MILEAGE (A)					
DATE	TO	FROM	PURPOSE	MILES	TOTAL @ \$.655 BUSINESS OFFICE USE ONLY
TOTAL OF A					\$

MISCELLANEOUS (B)				
(Please do not highlight receipts)				
(Attach receipts for approved supplies, lodging, airfare, parking)				
DATE	ITEM	PURPOSE	PURCHASED AT	TOTAL
TOTAL OF B				\$

MEAL PER DIEM (C)				
(Complete the date and 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: _____

Employee Signature _____

Date _____

SUPERVISOR SIGNATURE:

Revised 9/19/05	Revised 1/14/10 – Mileage	Revised 1/1/16 – Mileage	Revised 1/1/20 - Mileage	Revised 1/1/23 - Mileage
Revised 9/16/08 – Mileage	Revised 1/1/11 – Mileage	Revised 1/1/18 - Mileage	Revised 1/1/21 - Mileage	
Revised 10/21/08 –Meals	Revised 7/6/11 - Mileage	Revised 1/1/19 - Mileage	Revised 1/1/22 - Mileage	
Revised 1/05/09 – Mileage	Revised 1/1/14 – Mileage	Revised 1/1/19 – Meals	Revised 7/1/22 - Mileage	