SCHOOL DISTRICT OF THE MENOMONIE AREA

Expense Report - Reimbursement Request Form

NAME:			Building/Dept: Reason:				_ Time Left	Time Left Time Returned	
							_ Time Returned		
PO#		Attach all docu	mentation(receipts).	Checks will be	issued after the pro	per leave form and	purchase order are s	ubmitted.	
	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL	
Date of Expense									
Travel Mileage	# Miles:	_ # Miles:	# Miles:	# Miles:	# Miles:	# Miles:	# Miles:	# Miles:	
X (calculate using standard IRS business mileage rate)	\$	\$	\$	\$	\$	\$	\$	\$	
Lodging	\$	\$	\$	\$	\$	\$	\$	\$	
Meals Maximum Allowance: Breakfast - \$11.00 Lunch - \$12.00 Dinner - \$23.00	\$	\$		\$	\$	\$	\$	\$	
0.1. 5									
Other Expenses:	\$	\$		\$	\$	\$	\$	\$	
(Explain and itemize)									
Daily Total:	\$	\$	\$	\$	\$	\$	\$	\$	
EXPENSE ACCOUNT NU		Amount: \$			Less Advance				
EXPENSE ACCOUNT NUMBER			-	Amount: \$			Received		
I hereby certify that the above	expenditures rep	resent cash spent for	legitimate district bus	siness only and inclu	udes no items of a pe	ersonal nature.	Amount to be reimbursed to employee or <pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	\$	
(Employee's Signature)				(Date)			to the district.		
							Documentation & Internal Audit		
(Budget Manager's Signature)				(Business Manager's Signature)				Initials	
COMMENTS: rev. 3/27/2017							671	1 Exhibit(2)	