

JUNCTION CITY SCHOOL DISTRICT

REQUEST FOR REIMBURSEMENT OF EXPENSES

Name: _____ Date: _____

Date	Destination/Description	Budget Category	Miles	Meals / Lodging	Other
				(attach receipts)	

Reimbursement **will not** be made without receipts. Reimbursement request must be received by District Office by the 10th of the month for payment to be made that month. Maximum meal reimbursement is \$8.00 breakfast, \$12.00 lunch, \$24.00 dinner, or not to exceed \$44.00 for the day. Mileage rate is \$.545 per mile.

Total Miles			
@.545			

By checking this box I certify that I did not use a credit or debit card that has benefits (such as air miles or cash back) associated with the card for the above expenses

Total Amount Due:

I understand that the value of reimbursed meals, when not staying away from the district overnight, will be reported on my W-2 and is subject to social security, medicare, federal and state income taxes (per IRS Publication 963)

The Above is a true statement of the expenses incurred by me in performance of my duties as an employee of the Junction City School District.

Signature of Employee

Approved by Supervisor

Date

District Office Use Only	
Account # _____	Amount _____
Account # _____	Amount _____
Account # _____	Amount _____
Account # _____	Amount _____