

CANBY SCHOOL DISTRICT

TRAVEL AND EXPENSE REIMBURSEMENT ACCOUNTING REPORT

Employee Name: _____

Accounting Code:

Fund	Function	Object	Center	Area

NOTE: Reimbursements will not be made without the **original receipts**. Receipts are required for all expenditures except mileage, taxi fares and metered parking, when receipts are not available. **Sign** original receipts prior to submission.

Date	Description/Destination	Miles	Meals	Lodging	Other
TOTALS					

*Mileage Rate per Mile	2017	2018	2019	2020	2021	Transfer totals above to each category below
	\$.535	\$.545	\$	\$	\$	
Total Miles _____ X Rate* _____ =						\$
Total Meals.....						\$
Total Lodging.....						\$
Total Other Expenses.....						\$
Total Claim:						\$
Minus Cash Advance - Enter as Negative #(PO# _____) NET CLAIM						-\$
or TOTAL REFUND (if returning cash)						\$

I certify that the above information is a true and correct statement of expenses incurred in connection with my duty for the Canby School District.

Employee Signature: _____

Date: _____

Supervisor Approval: _____

Date: _____