

# West St. Francois County R-IV Mileage/Expense Reimbursement

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Trip	Event/Destination	Miles Traveled
<b>Total Miles Traveled</b>		

Miscellaneous Expense (Meals, Lodging, Etc.)  
Attach paid receipts

Date/Day					
<i>Breakfast</i>					
<i>Lunch</i>					
<i>Dinner</i>					
<b>Total Meals</b>					
<i>Lodging</i>					
<b>Daily Total</b>					

Total Miles @     per mile \$ \_\_\_\_\_  
 Total Misc. Expense \$ \_\_\_\_\_  
 Total Expense \$ \_\_\_\_\_

Expense Code: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_