

Heritage School District No. 8

Expense Claim Form

Employees may request reimbursement for pre-approved expenses. Complete the form below, attach all receipts, and turn in to the District Business Office by the last workday of the month for reimbursement at the next month's regular Board of Education meeting.

MILEAGE at _____ / mile

Date	Destination / Description	Miles	Tolls	Total
Total Mileage				

OTHER EXPENSES

List Items	Amount
Total Other Expenses:	\$ _____

Signature

Date:

Total Claim: \$ _____

Office Use Only

Administrative Approval: _____
Signature
Date

Comments: _____

(Revised 05/05)