

**SOUTHERN COLUMBIA AREA SCHOOL DISTRICT
Expense Reimbursement Form**

Employee's Name: _____

Today's Date: _____

MISCELLANEOUS EXPENSE: (Receipts Must Be Attached)

Total Misc. Expenses: \$ _____

MILEAGE EXPENSE:

Destination: _____

Actual Round Trip Mileage _____ @ \$.53.5 = Total Mileage Expense: _____ *

CONFERENCE INFORMATION: (If applicable)

Title of Meeting: _____

Date(s) Attended: _____

Location of Meeting: _____

Purpose of Attendance: _____

Grand Total: \$ _____

Employee's Signature

Amount Reimbursable: \$ _____

Superintendent's/Principal's Signature

Account Code (REQUIRED)

*This allowance is justifiable if the employee drove his/her own automobile, paid for transportation in a public vehicle or paid some person other than an employee of Southern Columbia Area School District for transportation.