

**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 \_\_\_\_\_ @ \$ .545 =

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.