

HARRISBURG R-VIII SCHOOL DISTRICT

Expense Form for Reimbursement

EMPLOYEE _____

TRAVEL

<u>Date</u>	<u>Purpose</u>	<u>Destination</u>	<u>Round Trip Miles</u>
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Total Miles _____ x \$.42 = **Sub Total** _____

MEALS OR OTHER EXPENSES

<u>Date</u>	<u>Purpose</u>	<u>Meals & Misc. Fees</u>
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Sub Total _____

Total Reimbursement _____

Employee Signature _____

Approval _____

Charge to: _____