

REIMBURSEMENT CLAIM FORM

Approved by: _____

Wamego USD 320 (updated Jul/2012) (Signature of Bldg. Principal or Spec. Services Director)

Name: _____ **Address:** _____

Event Attended: _____ **Location:** _____ **Date:** _____

Other Info: _____ **Overnight Stay?** ___ **yes** ___ **no**

MEALS: Amounts allowed: \$7.00 breakfast/ \$8.00 lunch/ \$15.00 dinner (ATTACH **ITEMIZED** RECEIPTS)

<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<i>(Office Use Only)</i>
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____

Mileage: Number of miles _____ **Current Rate** _____ = \$ _____

Odometer readings (REQUIRED): Beginning: _____ **Ending:** _____

OTHER EXPENSES (Desc. & Amount): _____
_____ **Total Due \$** _____