



# East Prairie Schools Reimbursement Report

Name: \_\_\_\_\_ Building: \_\_\_\_\_

TRAVEL REIMBURSEMENT			
DATE	DESTINATION	REASON FOR TRAVEL	MILES

*The current mileage reimbursement rate is 50¢ per mile.*

MEAL REIMBURSEMENT			
DATE	RESTAURANT NAME	REASON FOR TRAVEL	TOTAL

*Daily meal reimbursement limit is \$45.00. Original, detailed receipts are required.*

SUPPLIES REIMBURSEMENT			
DATE	VENDOR	REASON FOR PURCHASE	TOTAL

*Original, detailed receipts are required.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_

PO Number: \_\_\_\_\_

PD Approved:  Yes  No