SAULT STE. MARIE AREA PUBLIC SCHOOLS
SAULT STE. MARIE, MI 49783

EXPENSE REIMBURSEMENT

TO: BUSINESS OFFICE

I REQUEST THAT I BE REIMBURSED FOR SCHOOL BUSINESS AS LISTED BELOW:

PAY TO THE ORDER OF: _____

ADDRESS: _____

_____

OCCASION: _____

DATE OF OCCASION: _____

PLACE OF OCCASION: _____

NUMBER OF PERSONS: _____ NO. OF NIGHTS TO BE LODGED: _____

NAMES OF PERSON(S) ACCOMPANYING YOU: _____

_____

TRAVEL EXPENSE ONLY:

Mileage_____@ .535 $_____   Registration   _____

Bridge Toll   _____   Package Plan   _____

Meals ($35 per day maximum)   _____   _____
    Itemized receipts are required
Lodging   _____   _____

SUB TOTAL   _____   **SUB TOTAL**   _____

                                    TOTAL AMOUNT REQUESTED: $_____

Please attach receipts. Expenses incurred without receipts will not be reimbursed.

This is for: _____ Regular Travel Reimbursement
                      _____ Other Reimbursement

Account Number:
_____   Signature _____
Account Name:
_____

Supervisor Approval: _____   Date _____