

Dixon Public Schools
Expense Reimbursement Claim Form

Date _____

To Be Completed By Participant: (Detailed receipts should accompany this form)

_____ Name	_____ Position	_____ Home School
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Home Address: _____ (include city if other than Dixon)

_____ Name of Professional Activity	_____ Location – Include City	_____ Date (s) Attended
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COSTS (attach detailed receipts)

Registration Fee \$ _____

Lodging _____
Name of Hotel/Motel # of nights \$ _____

Meal Allowance (must attach receipts) \$ _____
The district allows \$10 Breakfast, \$15 Lunch, and \$20 Dinner includes 20% tip - if you go above this amount you will be responsible for the difference

Transportation _____ miles @ _____/mile \$ _____
Mileage (to and from home school)

Tolls (attach receipts or IPASS print out) \$ _____

TOTAL \$ _____

Advance Funds Received \$ _____

Amount to be Reimbursed \$ _____

I certify that this statement accurately describes the actual and necessary business expenses incurred by me while engaged in school district business.

_____ (Signature of Employee)	_____ (Date)
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TO BE COMPLETED BY PRINCIPAL:

Amount to be reimbursed \$ _____

Account to be charged _____ / _____
(Line item number) (Line item name)

Principal's Approval _____ (Signature)	_____ (Date)
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CENTRAL OFFICE APPROVAL:

☐ CW ☐ LC

_____ (Signature)	_____ (Date)
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