

**School District 145-Waverly
Waverly, Nebraska 68462**

Claims for reimbursement must be accompanied by receipts documenting all expenses.

Date _____ Meeting _____
 Name _____
 Address _____ Location _____
 City, State, Zip _____ Comments _____
 Date of Trip _____
 Account # _____ Balance Due: _____

ITEMIZED EXPENSES

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	TOTAL
Date								
Lodging								
Breakfast								
Lunch								
Dinner								
Taxis								
Air Fare								
Registration Fees								
Parking								
Other – Itemized								
Mileage @ \$0.67								
Miles								
Daily Totals								

I hereby certify that the above expenses were actually incurred by me in the performance of my duties to School District 145, and I declare and affirm under the penalties of perjury that this claim has been examined by me, and the best of my knowledge and belief, is in all things true and correct.

Signature of Claimant

Title Date

Principal Date

Business Manager Date