

**Harrisburg School District #7**  
**Travel and Expense Reimbursement Report**  
**2024**

**Name of Claimant:** \_\_\_\_\_

Claimant Address/City/Zip Code: \_\_\_\_\_

**School/Location:** \_\_\_\_\_ **Period Covered: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Acct No.** \_\_\_\_\_ **PO No.** \_\_\_\_\_

Date	Travel Destination From To	Mileage	Updated 1-2-24 AutoExpense @.67 per mile	Lodging/Meals/ Misc Expenses	Total Expenses	Vendor and Purpose of Expenditure and/or Topic of Meeting and/or Training Event
Total Expenditures						
I certify that the above claim accurately reflects actual expenses incurred by me in authorized school district travel						
<b>Submitted by:</b>			Less Advance Funds Used			
<b>Supervisor Approval:</b>			Total Owed Claimant or Due to District			
Alternate Authorized Approval:						

**All receipts must be attached, substantiating the request for reimbursement. Credit card receipt with no details will not be accepted. Form must be completed totally.**

If not preprinted on receipt, write names of restaurants on meal receipts and itemize meals. if you paid for persons other than yourself, please list individuals names and positions

( attach additional page if necessary). Mapquest must be attached for proof of mileage from school to destination or round trip .

**Updated 1/2/2024**