Deer Park
SCHOOL DISTRICT

Employee Reimbursement Request (fees, supplies, and travel expenses)

Employee Name: _____ **Bldg./Work Location:** _____

Purpose/Event/Location: _____ **Date(s) of Travel:** _____

General Reimbursement (additional space for expenses provided on back side of this form)

Date	Full Description of Expense: "Where, What, Why" (attach original receipts when required; if mileage, list destination and purpose)	Airfare/Rental/ Mileage (mileage @ the IRS rate - receipt required for airfare/rental)	Lodging - receipt required	Meal Per Diem (i.e. - B: $19, L: $22, D: $33 OR B,L,D: $74) *	Event Reg./ Conf. Fee - receipt required	Supply - receipt required	Sundry Expense (rare, random, unusual, small) - receipt required	Total

Certification: I hereby certify, under penalty of perjury, this is a true and accurate claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Employee Signature		Date		Grand Total	

Budget Code	Amount Charged to Acct.	Budget Supervisor Signature

* Use published OFM (state) or GSA (national) per diem rates

General Reimbursement

Date	Full Description of Expense: "Where, What, Why" (attach Original receipts when required; if mileage, list destination and purpose)	Airfare/Rental/ Mileage (mileage @ the IRS rate- receipt required for airfare/rental)	Lodging - receipt required	Meal (i.e. - B: $19, L: $22, D: $33 OR B,L,D: $74)	Event Reg./ Conf. Fee receipt required	Supply - receipt required	Sundry Expense (rare, random, unusual, small) - receipt required	Total