



COLUMBIA SCHOOL DISTRICT  
BUSINESS OFFICE  
2024  
EXPENSE REIMBURSEMENT REQUEST

This completed form **MUST BE** signed by proper building administrator. The account area to be charged needs to be checked before submitting to the Business Office for reimbursement. All receipts must be attached.

\*\*Request will be returned if this information is not complete.\*\*

Printed Name of Person Requesting Reimbursement: \_\_\_\_\_

Date of Expenses: \_\_\_\_\_

Purpose: \_\_\_\_\_

Mileage: \_\_\_\_\_ x \$0.67 per mile                      Total: \_\_\_\_\_

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NOTE: Must provide itemized receipts.

\_\_\_\_\_ Breakfast  
\_\_\_\_\_ Lunch  
\_\_\_\_\_ Dinner  
\_\_\_\_\_ Daily Total

\_\_\_\_\_ Breakfast  
\_\_\_\_\_ Lunch  
\_\_\_\_\_ Dinner  
\_\_\_\_\_ Daily Total

\_\_\_\_\_ Breakfast  
\_\_\_\_\_ Lunch  
\_\_\_\_\_ Dinner  
\_\_\_\_\_ Daily Total

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Meals Total: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Lodging: \_\_\_\_\_

Mileage Total: \_\_\_\_\_

Other Expenses: \_\_\_\_\_

Grand Total: \_\_\_\_\_

Reimburse Employee: \_\_\_\_\_                      Used School Credit Card: \_\_\_\_\_

Employee Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

For Office Use Only:

\_\_\_ Local Travel  
\_\_\_ General Fund  
\_\_\_ Title IIa

Building Principal Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_                      Date: \_\_\_\_\_