

# REIMBURSEMENT CLAIM FORM

## *McDade Independent School District*

### Out of Pocket Expenses

#### **Travel & Meals**

Date of Trip: \_\_\_\_\_ Destination \_\_\_\_\_

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

Total Miles \_\_\_\_\_ @ .50 cents per mile..... \_\_\_\_\_

Meals: Overnight only- \$30 per day..... \_\_\_\_\_

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

Parking, tolls, etc..... \_\_\_\_\_

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

#### **Items Purchased**

Description of Items: *(Purchases exceeding \$200.00 require the issue of a purchase order).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purchases Reimbursement Total: \_\_\_\_\_

#### **Total Reimbursement Requested**

\_\_\_\_\_

\_\_\_\_\_  
Signature of person requesting reimbursement

\_\_\_\_\_  
Date submitted

\_\_\_\_\_  
Charge to account number(s)

\_\_\_\_\_  
Principal Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Approval

\_\_\_\_\_  
Date