MONTHLY EXPENSE REPORT
Please see job related expense guidelines on reverse side.
NAME $\qquad$ MONTH $\qquad$ YEAR $\qquad$

| DATE | PURPOSE OF TRIP AND PLACE VISITED OR <br> DESCRIPTION OF OTHER TRAVEL EXPENSES <br> (ie. Meals, Tolls, Registration, etc.) | MILES <br> (Rate per mile .58) | COST |
| :---: | :--- | :--- | :--- |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |
|  |  |  | $\$ 0.00$ |
|  |  |  |  |

YOUR SIGNATURE DATE $\qquad$
APPROVED BY DATE $\qquad$
This form is used to request reimbursement for job related expenses (mileage, meals, tolls, registration, etc.) Board approved conference(s) should be reconciled on the District s conference expense report.

Account \# charged $\qquad$ (Office use only)

## JOB RELATED EXPENSE GUIDELINES

1. Use of a personal vehicle for approved school purposes is reimbursable to the employee at the maximum allowance per mile, as established by the Internal Revenue Service. Such use requires that liability insurance be maintained.
2. All travel must be authorized by the responsible administrator or supervisor.
3. Job related expense reports are to be completed and submitted on a MONTHLY basis.
4. Mileage reimbursement will be paid only for travel to the assigned work area \& home that exceeds the typical mileage traveled from home to the school building. For example, if a typical commute to and from work is 10 miles and your work-related travel increases the commute to15miles, reportable mileage for reimbursement would be 5 miles. Travel shall be by the most direct and economical route.
5. Actual and necessary expenses incident to attendance at functions outside the district shall be reimbursable to the employee if they are itemized and all receipts are included. (ie. meals, tolls, registration, etc.)
6. The validity of payments for job related expenses shall be determined by the Superintendent.
