

# EXPENSE CLAIM FORM

**McGregor School Dist #4  
McGregor, MN 55760**

**INSTRUCTIONS:** Complete form and attach receipts for all expenses. **Receipts must be attached for reimbursement.** Meal and mileage reimbursement rates will be as set by the school board at their organizational meeting.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Date	Purpose of Expense	Mileage	Meal(s)	Lodging	Other
<b>Totals</b>					

The claimant above declares that this request for reimbursement is of a just and correct claim, and that no part of it has previously been paid or paid by another source. (Certified staff must also submit the Staff Development Follow-Up Form before reimbursement of expenses.)

\_\_\_\_\_ Miles x \_\_\_\_\_ per mile \$ \_\_\_\_\_

Code to: \_\_\_\_\_

Meals.....\$ \_\_\_\_\_

Code to: \_\_\_\_\_

Other Expenses.....\$ \_\_\_\_\_

Code to: \_\_\_\_\_

**Total \$** \_\_\_\_\_

\_\_\_\_\_  
Administrator/Supervisor

\_\_\_\_\_  
Date