



WESTERN PLACER
UNIFIED SCHOOL DISTRICT

Employee Expense Reimbursement

Name: _____
Site: _____
Address: _____

Vendor #: _____
Amount \$ _____

	FD	RESC	Y	OBJT	SO	GOAL	FUNC	SCH	L1	L2	L3	Amount
1												\$
2												\$
3												\$
4												\$
Total												\$

Date	From	To	Miles	Meals *	Other	Explanation
Totals						

**Meal Limitations-Breakfast/\$12; Lunch/\$15; Dinner/\$30*

I hereby certify the above to be a true and accurate account of my employment and the actual necessary travel expense incident thereto for the period indicated. I also certify that I am not receiving compensation or reimbursement from any other project sponsored by the federal government or with funds for the same time period named above. All original receipts are attached. No reimbursement will be made without a receipt, except for mileage.

.56 cents/mile	
Meals/Other	
Total Expenses	

ATTACH RECEIPTS WITH TAPE ONLY. NO STAPLES!

If Technology – need Director of Technology's signature

Signed: _____

Date: _____

Approved By: _____

Date: _____

Technology Director's Signature: _____

Date: _____

Business Office Approval: _____

Date: _____