**GRISWOLD PUBLIC SCHOOLS**

*Expense Claim Form*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name:**  |  |  | **Date Submitted:**  |  |
|  |  |  |  |  |
| **Work Location:** |  |  | **Month/Year of Expense:** |  |

**MILEAGE** (attached additional sheets if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **FROM** | **TO** | **MILES** | **PURPOSE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| *TOTAL MILES* |  | X $.58 per mile = |  |

**OTHER EXPENSES** (original receipt must be attached)

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE** | **VENDOR** | **PURPOSE/DESCRIPTION OF ITEMS** | **AMOUNT** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *TOTAL EXPENSES* | **$** |
| ***TOTAL REIMBURSEMENT REQUESTED*** | **$** |

**APPROVAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Immediate Supervisor Signature** |  | **Date** |  | **Budget Code** |
|  |  |  |  |  |
| **Business Manager Signature** |  | **Date** |  |  |
| **CERTIFICATION**I hereby certify under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me and that no payment has been receive on account thereof.  |
|  |  |  |  |  |
| **Claimant’s Signature** |  | **Date** |  |  |