

Mio AuSable Schools

Expense Reimbursement Claim Form

Effective 1/10/25

PLEASE ATTACH RECEIPTS TO THIS FORM AND TURN IN TO YOUR ADMINISTRATOR.

DATE	DESTINATION	DESCRIPTION OF EVENT (CONFERENCE\MEETING, SUPPLIES, ETC)	LODGING	MEALS	RECEIPT TOTAL	TOTAL MILES	.70c PER MILE
TOTALS							

Total Expense Reimbursement Claim \$

Employee Name

Employee Signature

Signature of Administrator or Supervisor

Additional Information:

Account #:

Account #:

Account #: