

West Linn-Wilsonville School District  
**EMPLOYEE REIMBURSEMENT REQUEST**

**Please submit in a timely manner (e.g., monthly or per term)**

*Reminder: You can not request for public funds if your credit card receives rewards or if you receive rewards points using a store reward program.*

Name \_\_\_\_\_

Date \_\_\_\_\_

Date	Description	Miles	Meals	Lodging	Other Expenses (Specify)

Total Miles \_\_\_\_\_ X Current mileage rate @ \_\_\_\_\_ per mile \$ \_\_\_\_\_

Total Claim \$ \_\_\_\_\_ **ATTACH RECEIPTS** (should match total amount on attached PO)

I certify that the above information is a true and correct statement of expenses incurred in connection with my duty.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee ID Number

