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	0	$0.00	$0.00	$0.00

Total Miles_____0.0_____X Current mileage rate @ .545_____per mile $_0.00_____

Total Claim $ 0.00_____**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

For School Secretarial Use Only

PO#:

Date:

Signature:

Original.....…Business Office
Copy…...…..…..Staff Member