

**DEER PARK SCHOOL DISTRICT NO. 414
REIMBURSEMENT FOR SUPPLIES AND TRAVEL EXPENSES**

Employee: _____

Address: _____

For traveling and incidental expenses incurred during the month of _____,
as shown in detail on the reverse side of this form.

	Amount	Budget Code XXXX-XX-XXXX-XXX
Meals.....	\$ _____	_____
* Hotel Rooms.....	\$ _____	_____
Mileage.....	\$ _____	_____
* Sundry Expenses	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL REIMBURSEMENT	\$ _____	

*** MUST BE SUPPORTED BY RECEIPTS**

CERTIFICATION

I, _____, holding the position of _____
do 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 received by me on
account thereof.

Signed: _____ Date: _____

Approved: _____ Date: _____

