

SCHOOL DISTRICT OF TIGERTON 2019

REIMBURSEMENT FOR MILEAGE AND EXPENSE REPORT

Month: _____

Name: _____

Please submit to the District Office on the first of each month. **Attach receipts from all meals (see below for maximums), lodging, registrations, credit reimbursements, or any other expenses.**

**** Note – taxes are not reimbursable****

Date	Place and Purpose	Mileage	Others	Total

Total Miles: _____ x \$0.58 per mile (IRS rate)= \$ _____

Other Expenses \$ _____

Total \$ _____

Approval _____

Expense Limits

The following limitations have been determined for reimbursement of meals when applied to an open menu:

Breakfast - \$8.00 Lunch - \$14.00 Dinner - \$20.00

Generally, reimbursement for breakfast or dinner requires an overnight stay