Dixon Public Schools

Expense Reimbursement Claim Form

_____
Date

To Be Completed By Participant: (Detailed receipts should accompany this form)

_____ Name
_____ Position
_____ Home School

Home Address: _____ (include city if other than Dixon)

_____ Name of Professional Activity
_____ Location – Include City
_____ Date (s) Attended

COSTS (attach detailed receipts)

Registration Fee $ 0.00

Lodging _____ Name of Hotel/Motel _____ # of nights $ 0.00

Meal Allowance (must attach receipts) $ 0.00
The district allows $10 Breakfast, $15 Lunch, and $20 Dinner includes 20% tip - if you go above this amount you will be responsible for the difference

Transportation 0 miles @ 0.535 /mile $ 0.00
Mileage (to and from home school)

Tolls (attach receipts or IPASS print out) $ 0.00

TOTAL $ 0.00

Advance Funds Received $ 0.00

Amount to be Reimbursed $ 0.00

I certify that this statement accurately describes the actual and necessary business expenses incurred by me while engaged in school district business.

_____ (Signature of Employee)
_____ (Date)

TO BE COMPLETED BY PRINCIPAL:

Amount to be reimbursed $_____

Account to be charged _____ (Line item number) / _____ (Line item name)

Principal's Approval _____ (Signature) _____ (Date)

CENTRAL OFFICE APPROVAL:

☐ CW ☐ LC

_____ (Signature)
_____ (Date)

Revised 1/28/15