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

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 @ 0.545 /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