

# EMPLOYEE EXPENSE REIMBURSEMENT FORM

OYSTER RIVER COOPERATIVE SCHOOL DISTRICT  
YEAR 2017



DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SCHOOL/DEPARTMENT: \_\_\_\_\_

MUST HAVE PRIOR APPROVAL OF SPENDING

ORIGINAL RECEIPTS MUST BE ATTACHED

FOR MILEAGE REIMBURSEMENT REPORT TOTAL MILES & ATTACH PROOF OF MILEAGE.

IRS Standard Mileage rate = \$0.535 per mile

DATE	DESCRIPTION	ACCOUNT	COST

TOTAL REIMBURSEMENT=====>

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Approval Signature \_\_\_\_\_

Date \_\_\_\_\_