

Houston R-I School District Houston, Missouri

Reimbursement Claim for Mileage and Expenses

Reason for Trip:

Date Submitted _____

Employee's Name _____

Principal's Signature _____

Accounting Code _____

<i>Date</i>	<i>Visits or Road Trips to:</i>	<i>Miles</i>	<i>Miles X .40</i>	<i>Other expenses List and Attach Tickets</i>	<i>Amount</i>	<i>Total</i>

Please complete in full and have principal sign before turning into the Superintendent's office

*List only those trips in your own car and other expenses actually incurred.

Grand Total _____
