

## Gladstone School District REIMBURSEMENT REQUEST

No reimbursement will be made without appropriate receipts for all items except mileage and metered parking. **If sending paper form, please staple receipts to this form. Put small receipts in an envelope and staple envelope to form.** If sending by email, please scan receipts with form. All receipts need to have employee name, etc., as related to reimbursement request.

Name

Employee #

Date

Mileage Reimbursement Request for Month of:

Building

- Classified     Confidential  
 Licensed     Administrator  
 Retired

- RX reimbursements requests for 16-17 must be submitted by 7/31/2017
- Purchase date must be during the 16-17 school year
- Maximum Reimbursement: 30 Day Supply \$20.00/ 90 Day Supply \$60.00
- Approval signature and account code are not required for RX reimbursements

Date of Expense	Description of Reimbursement (Supplies, Mileage To/From Destination) <u>RX Reimbursement (Date/Patient Name/RX#/Request Reimbursement Amount)</u>	Total Trip Miles	Amount of Expense or RX Co-Pay Amount Requested
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
<b>Total:</b>			

Total Miles @ .5 per mile.....

Total Other (Supplies,RX...).....

Total Claim.....

I certify that the above information is a true and correct statement of expenses incurred in connection with my duty for Gladstone School District.

Fund	Function	Object	Center	Area	Sub Area	Amount

<b>Requesters Signature</b>	<b>Date</b>
<b>Building/Program Approval</b>	<b>Date</b>
<b>Director of Finance and Operations</b>	<b>Date</b>