

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 2017-18 must be submitted by 7/31/2018
- Purchase date must be during the 2017-18 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			
Total:			

Total Miles @ .5 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

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