

Haysville Unified School District 261

Haysville, Kansas

Claim for Reimbursement of Out-of-District Travel Expenses

Name: _____ Date: _____

Address: _____

Reason for expense: _____

Date leave form was approved: _____ (Return a copy of leave form with claim for reimbursement)

Attach all receipts for meals or other expenses

	Date	Date	Date	Date	Date	Total
Breakfast	\$	\$	\$	\$	\$	\$
Lunch	\$	\$	\$	\$	\$	\$
Dinner	\$	\$	\$	\$	\$	\$
Lodging	\$	\$	\$	\$	\$	\$
Taxi	\$	\$	\$	\$	\$	\$
Tips	\$	\$	\$	\$	\$	\$
Registration	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Totals	\$	\$	\$	\$	\$	\$

_____ miles for personal car @ .655 mile

Budget line item to be charged:
 - - -

Total claim for reimbursement	\$
Less amount over maximum authorized	\$
Net Claim	\$

Approved By:

 Supervisor

 Claimant

 Assistant Supt. Of Business/Finance

