

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 @57.5 miles					\$
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