

Approved: June 28, 2004  
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671.2-Form

REIMBURSEMENT OF EXPENSES

EVANSVILLE COMMUNITY SCHOOL DISTRICT

Name: \_\_\_\_\_ Building \_\_\_\_\_

**Mileage**

Date	Destination	Miles

Total  
Mileage   0   @ \_\_\_\_\_ State Amount \_\_\_\_\_

**Other Expenses**

Date	Description	Amount
	TOTAL	

**(Please attach substantiating documents/receipts)**

Total  
Reimbursement \_\_\_\_\_

Employee Signature \_\_\_\_\_ Dated \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Dated \_\_\_\_\_

District Use: Account number \_\_\_\_\_