

**WELLINGTON EXEMPTED VILLAGE SCHOOLS
EXPENSE CLAIM**

NAME: _____ **DATE SUBMITTED:** _____

The claimant hereby requests reimbursement for expenses incurred as follows:

DESCRIPTION OF EXPENSE: _____

PURCHASE ORDER #: _____ **Please attach all original receipts. Sales tax cannot be reimbursed.**

A. BUSINESS TRAVEL: Date(s) of Travel _____

1. From _____ to _____ and return.
 - a. Air Ticket \$ _____
 - b. Auto
 - 1) Mileage - _____ miles @ IRS Rate of _____ \$ _____
 - 2) Parking \$ _____
 - 3) Tolls \$ _____
 - c. Taxi \$ _____
 2. Hotel Room for dates _____ \$ _____
 3. Meals \$ _____
 4. Registration Fee \$ _____
 5. Other Travel Expenses \$ _____
- TOTAL TRAVEL EXPENSES** \$ _____

B. TRAVEL WITHIN DISTRICT: For employees reimbursed for travel between buildings or within the district. **Attach school calendar showing dates of travel.**

1. Distance one way: _____ miles
2. Number of trips: _____ x miles one way _____
3. Total miles x IRS Rate = **TOTAL MILEAGE EXPENSE** \$ _____

C. OTHER EXPENSE(S): Item/Description _____
_____ \$ _____

TOTAL CLAIM \$ _____

I hereby certify that the expenses listed above were actually incurred and represent a proper charge against the Wellington Exempted Village School District.

SIGNATURE OF CLAIMANT _____

Approved as authorized _____	(Superintendent)
Approved for payment _____	(Treasurer)

COMPLETED FORM TO BE RETURNED TO THE SUPERINTENDENT'S OFFICE WITH DETAILED RECEIPTS ATTACHED AFTER approved travel/expense.