

**Springfield Public Schools
Employee Expense Reimbursement Report
525 Mill Street Springfield, OR 97477
(541) 726-3206**

Name _____

Purpose _____

Home Address _____

City _____

Day Time Phone Number _____

School/Department _____

Complete following information for out of town travel

Destination _____

Departing Date/Time _____

Returning Date/Time _____

Receipts for expenses must be attached to the back of the form.

Dates/Departing Through Returning							Totals
Transportation Costs (airfare, etc.)							
Automobile Mileage Reimbursement <i>(Provide total miles traveled. Finance will calculate reimbursement)</i>							
Parking and Toll Fees							
Taxi/Shuttle/Car Rental							
Lodging (Including Tax)							
Breakfast (Include 15% Tip)							
Lunch (Include 15% Tip)							
Dinner (Include 15% Tip)							
Other/Attach List and Explanation							

Form will not be processed without a charge out number.

Charge Out Number (s)	Totals
	\$
	\$
	\$

Sub Total	\$
Deduct Amount Advanced	\$ -
Balance Due District/Employee	\$

I certify that the above is a true statement of reasonable and necessary travel expenses incurred in the performance of official duties for Springfield Public Schools and has not been submitted to another organization for reimbursement.

Employee Signature _____

Date _____

Approval Signature _____

Date _____