WEST BLOOMFIELD SCHOOL DISTRICT

Reimbursement Form

MONTHLY BUSINESS EXPENSE SUMMARY

Date	Explanation	Food	Misc.	Daily Total	Actual Miles
	TOTALS				
				Multiply Actual Miles by * =	$0.58
				Enter Total of Daily Expenses	
				GRAND TOTAL	$

***Authorized Mile Rate $0 .58**

I certify the above expenses are true and accurate to the best of my knowledge.

Approved by:

_____
Principal/Director/Supervisor

_____
Central Office Approval

_____
Employee's Signature

Employee's Name :_____

Employee's Address_____
:

Employee ID
Number_____

THIS FORM MUST BE ITEMIZED, INCLUDE ORIGINAL RECEIPTS AND BE COMPLETED IN INK
ORIGINAL RECEIPTS MUST BE TAPED ON AN 8 ½ X 11" PIECE OF PAPER