

LANSING CENTRAL SCHOOL

EXPENSE REIMBURSEMENT FORM

Updated 1/3/2023

NAME _____ LOCATION: _____

ACTIVITY & DATE: _____

PLEASE ATTACH: **ORIGINAL RECEIPTS TO THIS FORM**
COPY OF "**APPROVED**" CONFERENCE FORM (If applicable)

Budget Code or PO _____

MILEAGE: _____/miles @ \$.655 /mile (effective 1/1/2023) = \$ _____
(Mileage log on next page)

ROOM: _____/day X _____ = \$ _____

FOOD: _____/day X _____ = \$ _____

OTHER: _____ X _____ = \$ _____

OTHER MISCELLANEOUS EXPENSES:

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

_____ = \$ _____

TOTAL = \$ _____

REQUESTOR
SIGNATURE: _____

DATE: _____

BLDG. APPROVAL: _____

DATE: _____

DIST. APPROVAL: _____

DATE: _____

