

ASHLAND-GREENWOOD PUBLIC SCHOOLS EXPENSE CLAIM FORM

NOT A PURCHASE ORDER – This Form Is Use to Claim Reimbursement for Previously Approved Employee Incurred Expenses – or –Expenses Requiring Immediate or Pre Payment

Make check payable to:

Name _____ Budget Purpose Code _____

Address _____ City, State Zip _____

Date	Description <small>(For travel please provide the complete address: street, city, state of destination)</small>	Purpose	Travel Time		Expense <small>(Itemized Receipts Required)</small>	Meals	Transportation			Total Expense
			Started	Stopped			Rate Per Mile	Miles	Amount	
							0.67			
							0.67			
							0.67			
							0.67			
							0.67			
							0.67			

If requesting reimbursement for personal vehicle please include vehicle owner & license plate number

PAGE TOTAL

Owner: _____ License Plate Number: _____

Signature - Staff Member _____ Department _____ Date _____

For Office Use Only:

Principal's Approval _____ Date _____ Program Balance before Disbursement _____

Superintendent's Approval _____ Date _____

Warrant Number _____ Date Paid _____ Office Manager _____

Exp Claim Form
Revised 1-4-24