

CULVER SCHOOL DISTRICT NO. 4

MILEAGE/MEAL CLAIM FOR REIMBURSEMENT

Name _____ **Date** _____

Auditors require meal receipts show detailed food/drink that was ordered and how it was paid. Your debit/credit card slip only provides proof of payment and is NOT ENOUGH for reimbursement (per outside auditor requirements).

Date	Purpose/Destination	Miles	Breakfast Max. \$15.00	Lunch Max. \$15.00	Dinner Max. \$25.00
TOTALS:					

Mileage/M meal Claim must be turned in for reimbursement within the school year that expenses were incurred.

ALL MEALS (Breakfast + Lunch + Dinner)	\$ _____
ALL MILEAGE _____ X _.625 _____ = \$ _____	
TOTAL CLAIM FOR REIMBURSEMENT	\$ _____

Signature _____ Date _____

Administrative Approval _____ Date _____

Entered _____ By _____ Budget Code: _____