

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 |
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| TOTALS: | | | | | |

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

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|---|-------------------|
| ALL MEALS (Breakfast + Lunch + Dinner) | \$ _____ |
| ALL MILEAGE _____ X <u>.585</u> | = \$ _____ |
| TOTAL CLAIM FOR REIMBURSEMENT | \$ _____ |

Signature _____ Date _____

Administrative Approval _____ Date _____

Entered _____ By _____ Budget Code: _____