ONTARIO SCHOOL DISTRICT EMPLOYEE EXPENSE REIMBURSEMENT REQUEST



1. Name of Employee 2. Building							3. Period (N	Nonth and Y	ear)			
4. Position				5. Budget Account Number 6			6. Regular Work Schedule					
7. Overnight	Vas		No				8am-5p	m	Other		to	
Stay				<u> </u>	_							
8. Date	9. Time of Departure	10. Time of Arrival	11.	Description	12. Per Diem	Individua Breakfast	I Meal Reimbursement Lunch Dinner		13. Total Meals			
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				14. Totals	S							
15. Date								17. 18. 19. 20. Training Rate Per Related? Mile Private Car Miles Amount				
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<u>'</u>							21. Section Total					
22. REASON FOR TRAVEL: (Be specific.)							23. Grand Total Amount					
							24. Travel Advance Amount					
							25. Amount Due Employee					
Logify that all reimbursements claimed reflect actual 27. Signature of Employee							26. Received Training Conducted Training 28. Title Date					
duty required expenses or allowances entitled; that no part thereof has been heretofore claimed or will be						20. 111	ue			Dat		
claimed from any other source. I certify that the above claimed expenses are 29 Approved By							· 1 -				-	
authorized du of this claim	ity required e are available	xpenses. Fun in the appro	expenses are ds for payment ved budget for n allotted for	29. Approved By			Title Date					