

WOODLAND PARK SCHOOL DISTRICT RE-2
REIMBURSEMENT REQUEST

Payable to: _____ Date: _____

Expenses for the month of : _____ 20_____

Date	Type of Expenditure (Receipts Required)	Account Number	Cost

Total cost of expenditure listed: \$ _____

MILEAGE REIMBURSEMENT

Date	Trip	Account Number	Total Miles

Total mileage ____ at .59 per mile: \$ _____

TOTAL REIMBURSEMENT DUE: \$ _____

I declare and affirm under penalties that this claim has been examined by me and to the best of my knowledge and belief, is in all things true and correct. I further certify that the above services were rendered, or the above listed materials were received and that the above claim is hereby approved by me for payment.

STAFF MEMBER'S ORIGINAL SIGNATURE

PRINCIPAL/SUPERVISOR'S ORIGINAL SIGNATURE

SUPERINTENDENT'S SIGNATURE

ACCOUNTING OFFICER'S SIGNATURE