



SHERIDAN SCHOOL DISTRICT TRAVEL AND EXPENSE REIMBURSEMENT FORM



Name: _____

Building: _____

| Date | Travel Destination | Miles | X IRS Rate (.655) | Total Mileage | Lodging | Meals | Other Miscellaneous Expenses (supplies, etc.) | Purpose of Expenditures and/or Meeting | TOTAL EXPENSES | PO# or Budget Code |
|------|--------------------|-------|-------------------|---------------|---------|-------|---|--|----------------|--------------------|
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All receipts must be attached. Form must be completed totally.
If you paid for additional persons, please list their name(s) below.
*****Please have meal receipts separate from any alcohol. (District will not reimburse if alcohol is included on ANY receipts)**

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|--|-------------------------------------|
| Name of person Making Request (Print): | Signature of person Making Request: |
| Name of Administrator (Print): | Signature of Administrator: |