



SHERIDAN SCHOOL DISTRICT TRAVEL AND EXPENSE REIMBURSEMENT FORM

Name: _____

Building: _____

Date	Travel Destination	Miles	X IRS Rate (.70)	Total Mileage	Lodging	Meals	Other Miscellaneous Expenses (supplies, etc.)	Purpose of Expenditures and/or Meeting	TOTAL EXPENSES	PO# or Budget Code

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)**

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