POTTERVILLE PUBLIC SCHOOLS
REIMBURSEMENT FORM

DATE SUBMITTED: _____ **ACCOUNT NUMBER** _____

EMPLOYEE NAME: _____

Date	Description	Location	Miles Driven	Mileage	Meals	Lodging	Others	Total
				$ -				$ -
				$ -				$ -
				$ -				$ -
				$ -				$ -
				$ -				$ -
				$ -				$ -
				$ -				$ -
				$ -				$ -
				$ -				$ -
				$ -				$ -
				$ -				$ -

NOTE: Receipts must be scanned with this form when it is submitted to your supervisor/principal and all forms must be scanned to the finance director. Mileage, when your own car is used, will be reimbursed at $ .67 (Effective January 2024) A map from the district address to the destination must be included.

Total Amount Due $ _____ -

Employee Signature: _____

Principal/Supervisor Signature: _____

Travel: $ -
Meals: $ -
Lodging: $ -
Other: $ -
Total Reimbursement: $ -