

EMPLOYEE EXPENSE REIMBURSEMENT FORM

OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

YEAR 2024



DATE: _____

EMPLOYEE NAME: _____

SCHOOL/DEPARTMENT: _____

MUST HAVE PRIOR APPROVAL OF SPENDING

ORIGINAL RECEIPTS MUST BE ATTACHED

FOR MILEAGE REIMBURSEMENT REPORT TOTAL MILES & ATTACH PROOF OF MILEAGE.

IRS Standard Mileage rate = **\$0.67** per mile

DATE	DESCRIPTION	ACCOUNT	COST

TOTAL REIMBURSEMENT=====>

Employee Signature _____

Date _____

Approval Signature _____

Date _____