



RIPLEY UNION LEWIS HUNTINGTON SCHOOL DISTRICT
Expense Reimbursement Request

	Date of Expense	Amount
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Food Service: (Limit of \$30.00 per day. All receipts must be itemized to be eligible for reimbursement.)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Total for food \$ -

Hotel, parking etc.	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Total hotel, parking, etc. \$ -

Miscellaneous (see attached receipts)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Total miscellaneous \$ -

Total reimbursement \$ -

I certify the above expenses were incurred for business.

Employee Signature

Date

Approved Principal/Supervisor

Date