

COLTON SCHOOL DISTRICT

Reimbursement Request

MONTH OF: _____ (ONE REQUEST PER MONTH)

Completed reimbursement requests with approved purchase order are **due to the district office no later than 10 days after the end of the month**. Mileage reimbursement only occurs for the mileage accrued for work that is outside of an employee's daily commute. **If submitting for mileage reimbursement, please enter your daily commute miles here: _____ (one way)** and list each direction of your commute on a separate line.

Employee/Claimant Name:	
School/Location:	
Date Submitted:	

Date	Description/Purpose	Mileage	Lodging	Meals	Other	Code
TOTALS						

Total Miles @ \$.58/mile:	
Total Lodging/Meals/Other:	
Total Claim:	
Less Advance Funds:	
Total Owed to Claimant or Due to District:	

Signature of Employee/Claimant Date

Payment Approval Date
Supervisor Approval done during the PO electronic process.

Purchase Order #: _____

Code	Account	Total