## WACHUSETT REGIONAL SCHOOL DISTRICT

| |
|---|
| Ref# |
| Reviewed by (initials) |
| (For Business Office Use Only) |

# Employee Reimbursement for Travel/Lodging/Meals/Tolls

**In order to be processed, all requests must be filed within 30 days of event and/or travel.**

NAME: _____

COST CENTER: _____

| | | | | Reimbursement Amount | | | |
|---|---|---|---|---|---|---|---|
| Date | Destination | Purpose | Miles | Mileage | Lodging | Meals | Tolls |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | **Sub Totals:** | | | | | |

Mileage Rate = $0.580 Per Mile*

Account # : _____ Total: _____

Make Payable To: _____

Send To - Address _____

_____

Employee Signature: _____ Date: _____

Principal/Budgetary
Authority Approval: _____ Date: _____

Business Manager's Initials as to review of form for completeness and supporting documentation: _____ Date: _____

Superintendent/
Designee Approval: _____ Date: _____

EEX-696
revised:1/3/2019

List Expenditures "Attach Receipts" Obtain Approvals
ıbmit this form to Principal/Budgetary Authority with any attachments, including conference approva
* Mileage rate determined annually by District, based on IRS mileage rate

**In order to be processed, all requests must be filed within 30 days of event and/or travel.**