

# CROOKSVILLE EXEMPTED VILLAGE SCHOOL DISTRICT



## Employee Expense Reimbursement Form

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Position: \_\_\_\_\_ PO #: \_\_\_\_\_

### MEALS (Itemized Receipts Required):

Date:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Breakfast (before 10:30 am)	\$10.00
Lunch (10:30 am - 2:30 pm)	\$20.00
Dinner (after 2:30 pm)	\$30.00
Full-Day (w/overnight travel)	\$60.00

\* Full-day reimbursements allow for flexibility in the Breakfast/Lunch/Dinner amounts as long as the total does not exceed the full-day rate for reimbursement of \$60.00

### PARKING (Itemized Receipts Required):

Date:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### OTHER (Itemized Receipts Required):

Date:	Amount:
_____	_____
_____	_____
_____	_____

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_