



Corning Union High School District

EMPLOYEE REIMBURSEMENT FORM

Employee Name _____

Contact Number _____

Date _____

Mailing Address _____

City _____

State _____

Zip _____

Mileage Reimbursement

Date	From	To	Purpose	Total Miles
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Mileage				_____
Rate Per Mile				\$.725
Total Mileage Reimbursement				\$ _____

Receipts For Reimbursement

Date	Purchased From	Purpose	Pre-Approved	Pre-Approved by	Amount
_____	_____	_____	Yes / No	_____	\$ _____
_____	_____	_____	Yes / No	_____	\$ _____
_____	_____	_____	Yes / No	_____	\$ _____
_____	_____	_____	Yes / No	_____	\$ _____
_____	_____	_____	Yes / No	_____	\$ _____
Total Receipts to be Reimbursed					\$ _____

Total Mileage + Receipts Requested \$ _____

Employee Signature _____

Date _____

I HEREBY CERTIFY That the above is a true statement of the expenses incurred by me in accordance with current state and local law and regulations.

Authorized Signature _____

Date _____

Chief Business Official _____

Date _____

Original receipts (taped to 8 1/2 x 11 piece of paper) must be attached to this sheet.

Once completed with Supervisor's signature forward to Rose Bambula for CBO signature & processing.

DISTRICT OFFICE USE ONLY

ACCOUNT NUMBER

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Fund	Resource	Yr	Goal	Function	Object	School	Staff	Local	Amount

Date Received _____

Vendor # _____

Date Processed _____

Check Number _____

Check Date _____