

## Routine Monthly Travel/Miscellaneous EXPENSE REPORT

### GUIDELINES:

- ☐ Submit this form for routine monthly reimbursement for mileage or miscellaneous expenses related to day-to-day NLSD business.
- ☐ For expenses other than mileage, original receipts must be attached hereto. Undocumented expenses will not be reimbursed.

**REPORT FOR THE MONTH/YEAR OF:**

| Name of Person Requesting Reimbursement | Position | Building   | Extension # |
|---|----------|--|-------------|
|   |          | <input type="checkbox"/> NES <input type="checkbox"/> NMS <input type="checkbox"/> NHS <input type="checkbox"/> ADM <input type="checkbox"/> Other |             |

| ITEMIZATION OF NON-MILEAGE EXPENSES: |        |                        |        |
|--------------------------------------|--------|------------------------|--------|
| Date                                 | Vendor | Reason for Expenditure | Amount |
|                                      |        |                        |        |
|                                      |        |                        |        |
|                                      |        |                        |        |
|                                      |        |                        |        |
|                                      |        |                        |        |
|                                      |        |                        |        |
|                                      |        |                        |        |
| Sub-Total:                           |        |                        | \$     |

| ROUTINE MILEAGE EXPENSES: <i>Itemize all mileage on reverse side of form.</i>          |    |
|--|----|
| Total Miles (from reverse side) _____ x \$ [current IRS reimbursement rate] per mile = | \$ |

| TOTAL REIMBURSEMENT REQUESTED: |
|--------------------------------|
| \$                             |

I hereby certify that the above statement of expenses is correct to the best of my knowledge and belief, and that I consider these expenses necessary and proper for the NLSD.

|   |      |
|---|------|
| <b>SIGNATURE:</b><br>Employee   | Date |
| <b>ADMINISTRATIVE REVIEW</b>  |      |
| <input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied |      |
| <b>SIGNATURE:</b><br>Building Principal/Administrator                             | Date |
| <input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied |      |
| <b>SIGNATURE:</b><br>Superintendent   | Date |

## ITEMIZATION OF EMPLOYEE TRAVEL

[illegible]