

SCHUYLKILL HAVEN AREA SCHOOL DISTRICT

Expense Reimbursement

Name _____

Address _____

Event _____

Mileage rate 57.5¢ effective 01/01/2020

		Date	Date	Date	Date	TOTAL
Transportation Expense	Miles					
From SHASD ↔						
From SHASD ↔						
From SHASD ↔						
From SHASD ↔						
From SHASD ↔						
From SHASD ↔						
Room						
Meals						
Breakfast						
Lunch						
Dinner						
Miscellaneous – <i>Explain in full</i>						
TOTALS						

The above is a correct statement of my expenses for the period covered.

Employee Signature _____ **Approval** _____
Superintendent

Date _____