INDEPENDENT SCHOOL DISTRICT 518
1117 MARINE AVENUE WORTHINGTON, MN 56187-1610

EMPLOYEE CLAIM AND REIMBURSEMENT FORM
PLEASE NOTE: ITEMIZED RECEIPTS MUST BE ATTACHED

FD	ORG	PRO	CRS	FIN	OBJ	AMOUNT

EMPLOYEE ID # _____ **OVERNIGHT TRAVEL? ☐ YES ☐ NO**

NAME _____

*** ALL REIMBURSEMENTS DUE WITHIN 30 DAYS OF EXPENSE ***

Date of Expense:	Reimbursement Purpose:	Amount:

# of Miles: 0 0.00

Total Reimbursement: 0.00

*I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has been paid. Missing signatures, codes, or receipts will be returned which delay the reimbursement.

***$75 meal limit per day; includes up to a 15% gratuity on total. If the amount is over your Claim Form will be adjusted. Does not include snacks, has to be a meal**

***Due to Admin Office by the last day of the month to be paid on 15th and 15th of month to be paid on the last day of the month**

Employee Signature: _____ Date: _____

School/District Supervisor: _____ Date: _____

District Accountant: _____ Date: _____

OFFICE USE ONLY: Uniform Bal: _____ Updated Smart: _____

EBENONW2: _____ EBETAXABLE: _____ XCURR4_HR:_____ OTHER:

_____ Revised On 2/22/2023

Date:	Origin:	Destination:	Business Purpose:	Total # of miles:

TOTAL: 0 X 0.655 = 0.00

Revised on 2.22.2023