

Hickman Community Charter District Request for Reimbursement of Expenses

Name (Please Print) _____

Phone Number _____

MILEAGE

DATE	TO	FROM	PURPOSE	MILES	TOTAL @ \$0.725 <small>(Business Office use only)</small>

TOTAL MILEAGE \$ _____

MISCELLANEOUS

(Attach receipts for approved supplies, services, lodging, airfare, parking)

DATE	ITEM	PURPOSE	PURCHASED AT	AMOUNT

***Please contact the Business Office for per diem travel meal allowances based on location of travel.

TOTAL MISC \$ _____

GRAND TOTAL \$ _____

I certify that the above expenditures are true and correct:

Employee Signature: _____ Date: _____

Supervisor Signature: _____

Revised for 01/01/2024

Revised- mileage 01/01/2025

Revised- mileage 01/01/2026