

**Hickman Community Charter District**  
**Request for Reimbursement of Expenses**

Name (Please Print)

Phone Number

**MILEAGE**

DATE	TO	FROM	PURPOSE	MILES	<b>TOTAL @ \$0.725</b> <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: \_\_\_\_\_