

PLEASE BE SURE TO ATTACH ALL RECEIPTS FOR:
HOTEL, MEALS TOLLS, REGISTRATION FEE, ETC.....

RIVERSIDE SCHOOL DISTRICT
EXPENSE REIMBURSEMENT FORM

NAME: _____

LOCATION: _____ DATES: _____

DESCRIPTION: _____

TRANSPORTATION TO/FROM RETURN MILES _____ Rate p/m *\$0.585* _____

MEALS (ALCOHOLIC BEVERAGES NOT ALLOWED): _____

MISC., PARKING, TOLLS ETC.... _____

HOTEL _____

REGISTRATION _____

SUPPLIES or OTHER ITEMS:(detail below) _____

TOTAL EXPENSE
LESS ADVANCE
TOTAL AMT. DUE _____
=====

APPROVED: _____
DATE: _____