REIMBURSEMENT CLAIM FORM   Approved by: _____

Wamego USD 320 (updated Jul/2024) (Signature of Bldg. Principal or Spec. Services Director)

Name: _____ **Address:** _____

Event Attended: _____ **Location:** _____ **Date:** _____

Other Info: _____ **Overnight Stay?** ____ yes ____ no

MEALS: Amounts allowed: Breakfast: $10   Lunch: $13 Dinner: $25   (ATTACH **ITEMIZED** RECEIPTS)

Date	Breakfast	Lunch	Dinner	(*Office Use Only*)
_____	_____	_____	_____	*SACCT* _____ *Amt.* _____ *Desc.* _____
_____	_____	_____	_____	*SACCT* _____ *Amt.* _____ *Desc.* _____
_____	_____	_____	_____	*SACCT* _____ *Amt.* _____ *Desc.* _____
_____	_____	_____	_____	*SACCT* _____ *Amt.* _____ *Desc.* _____
_____	_____	_____	_____	*SACCT* _____ *Amt.* _____ *Desc.* _____
_____	_____	_____	_____	*SACCT* _____ *Amt.* _____ *Desc.* _____
_____	_____	_____	_____	*SACCT* _____ *Amt.* _____ *Desc.* _____
_____	_____	_____	_____	*SACCT* _____ *Amt.* _____ *Desc.* _____

Mileage

Number of Miles: _____   Current Rate: _____   = $ _____

Odometer Readings

Beginning: _____   Ending: _____

Other Expenses

Description: _____   **Amount: $** _____

Total Reimbursable Amount Due: $ _____

                                        Date Submitted

Employee Signature