

Coatesville Area School District Rich in Diversity, Committed to Excellence

2024 Employee Expense Reimbursement Form

NAME	ACCOUNT NO.
BUILDING	
DEPT.	(Must include object 580)
VENDOR NO.	

	eipts must be attached for all items excep s. Tax and/or alcoholic beverages are not							
		Travel				,	Conference	Other
Date	Description of Expense	N	liles	Other	Lodging	Meals	Fees	Expenses
-	Total Miles		0					
	IRS Mileage Rate		0.670					
	Expenditure Subtotals		-	\$ -	\$ -	\$ -	\$ -	\$ -
					TOTAL F	REQUEST	•	

CLAIMANT						
I certify that the above expenses were incurred by me in performance of my work.						
<u>Date</u>						
,	y me in performance of my work.					

APPROVALS							
Supervisor/Authorized Signature must verify proper supporting documentation is attached PRIOR to signing this form.							
<u>Director/Supervisor Authorized Signature</u>	<u>Date</u>	Business Office Signature					

No payments will be processed from overdrawn account codes. All necessary budget transfers must be processed prior to submitting this form to the Business Office.