

# WALLINGFORD SWARTHMORE

## SCHOOL DISTRICT

200 SOUTH PROVIDENCE ROAD, WALLINGFORD, PENNSYLVANIA 19086-6334

### REIMBURSEMENT FORM

Employee Name: \_\_\_\_\_ Building/Department: \_\_\_\_\_

**MILEAGE REIMBURSEMENT:** (Additional space on the back)

Date	Starting destination address	Ending destination address	Number of miles (Business Office Only)
<input type="checkbox"/> Check here if you utilized additional mileage reimbursement miles on the back of this page			

(Notice: The IRS per mile rate in effect when the reimbursement is requested will be used) **TOTAL:** \_\_\_\_\_

Expense	Total	Receipt Attached (Check box)
Lodging	\$	
Registration fee	\$	
Food (excluding alcohol)	\$	
Transportation	\$	
Tolls/Parking	\$	
Other (describe below)		
<b>TOTAL</b>	<b>\$</b>	

**Budget Code Assigned:** \_\_\_\_\_ **Account Code:** \_\_\_\_\_

(Notice: This form cannot be processed until a budget code is assigned at the building level)

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

