

# **BRIDGEPORT EXEMPTED VILLAGE SCHOOL DISTRICT**

## MILEAGE/EXPENSE REPORT FORM FOR AUTHORIZED PERSONNEL

In order for you to receive your full reimbursement, you ***MUST*** comply with the following instructions.

When completing the attached reimbursement form, please include your "**ACTUAL MILEAGE**". Mileage will be paid at the current IRS rate.

Reimbursement for meals will be for the actual cost at a maximum of \$22.50 per day on overnight stays. "**ITEMIZED**" receipts for meals and parking must accompany this reimbursement form. Thank you.

Month/Year: \_\_\_\_\_

| DATE | NAME OF CONF. | DESTINATION | MILEAGE | MEALS* | OTHER** | TOTAL |
|------|---------------|-------------|---------|--------|---------|-------|
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|      |               |             |         |        |         |       |

The above listed expenses were incurred while conducting business for the Bridgeport Ex. Village School Dist.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Superintendent)

To be completed by Treasurer's office:

Total Mileage:

Total Meals

Total Other:

TOTAL:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Must be verified by "Itemized" bills of receipts

\*\*Explain briefly