

**WELLINGTON EXEMPTED VILLAGE SCHOOLS  
EXPENSE CLAIM**

**NAME:** \_\_\_\_\_ **DATE SUBMITTED:** \_\_\_\_\_

The claimant hereby requests reimbursement for expenses incurred as follows:

**DESCRIPTION OF EXPENSE:** \_\_\_\_\_  
\_\_\_\_\_

**PURCHASE ORDER #:** \_\_\_\_\_ **Please attach all original receipts. Sales tax cannot be reimbursed.**

**A. BUSINESS TRAVEL:** Date(s) of Travel \_\_\_\_\_

1. From \_\_\_\_\_ to \_\_\_\_\_ and return.

a. Air Ticket \$ \_\_\_\_\_

b. Auto

1) Mileage - \_\_\_\_\_ miles @ IRS Rate of \_\_\_\_\_ \$ \_\_\_\_\_

2) Parking \$ \_\_\_\_\_

3) Tolls \$ \_\_\_\_\_

c. Taxi \$ \_\_\_\_\_

2. Hotel Room for dates \_\_\_\_\_ \$ \_\_\_\_\_

3. Meals \$ \_\_\_\_\_

4. Registration Fee \$ \_\_\_\_\_

5. Other Travel Expenses \$ \_\_\_\_\_

**TOTAL TRAVEL EXPENSES** \$ \_\_\_\_\_

**B. TRAVEL WITHIN DISTRICT:** For employees reimbursed for travel between buildings or within the district. **Attach school calendar showing dates of travel.**

1. Distance one way: \_\_\_\_\_ miles

2. Number of trips: \_\_\_\_\_ x miles one way \_\_\_\_\_

3. Total miles x IRS Rate = **TOTAL MILEAGE EXPENSE** \$ \_\_\_\_\_

**C. OTHER EXPENSE(S):** Item/Description \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL CLAIM** \$ \_\_\_\_\_

I hereby certify that the expenses listed above were actually incurred and represent a proper charge against the Wellington Exempted Village School District.

**SIGNATURE OF CLAIMANT** \_\_\_\_\_

**Approved as authorized** \_\_\_\_\_ (Superintendent)

**Approved for payment** \_\_\_\_\_ (Treasurer)

COMPLETED FORM TO BE RETURNED TO THE SUPERINTENDENT'S OFFICE **WITH DETAILED RECEIPTS ATTACHED** AFTER approved travel/expense.