



COLUMBIA SCHOOL DISTRICT
BUSINESS OFFICE
2025
EXPENSE REIMBURSEMENT REQUEST

This completed form **MUST BE** signed by proper building administrator. The account area to be charged needs to be checked before submitting to the Business Office for reimbursement. All receipts must be attached.

Request will be returned if this information is not complete.

Printed Name of Person Requesting Reimbursement: _____

Date of Expenses: _____

Purpose: _____

Mileage: _____ x \$0.70 per mile Total: _____

NOTE: Must provide itemized receipts.

_____ Breakfast
_____ Lunch
_____ Dinner
_____ Daily Total

_____ Breakfast
_____ Lunch
_____ Dinner
_____ Daily Total

_____ Breakfast
_____ Lunch
_____ Dinner
_____ Daily Total

Meals Total: _____

Registration Fee: _____

Lodging: _____

Mileage Total: _____

Other Expenses: _____

Grand Total: _____

Reimburse Employee: _____

Used School Credit Card: _____

Employee Signature: _____ Date: _____

For Office Use Only:

- ___ Local Travel
- ___ General Fund
- ___ Title IIa

Building Principal Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____