MCSD Employee Expense Reimbursement Form

Employee Name: _____

Building: _____

Purpose/Reason for reimbursement:

Itemized Expenses

DATE	DESCRIPTION	COST

TOTAL REIMBURSEMENT

Note: Mileage reinbursement for personal car = $0.39/mile (for 2018/2019)
Max reimbursement for meals is $40 per day

Employee Signature Date

Supervisor Approval Signature Date

Don't forget to attach ITEMIZED receipts!
You WILL NOT BE reimbursed if it is not an itemized receipt.
Thank you!