MCSD Employee Expense Reimbursement Form

Employee Name:_____

Building:



Purpose/Reason for reimbursement:

Itemized Expenses

DATE	DESCRIPTION	COST
-		

TOTAL REIMBURSEMENT

\$0.00

Note: Mileage reinbursement for personal car = 0.50/mile (for 2022-23) Max reimbursement for meals is \$40 per day

Employee Signature

Supervisor Approval Signature

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

Date

Date