

Raymore-Peculiar School District Expense Reimbursement

Employee Name:

Location:

Business Purpose:

Itemized Expenses

DATE	DESCRIPTION	COST
TOTAL REIMBURSEMENT		\$ -

Do not use this form for travel reimbursements or mileage.
Please use a "Travel Expense Reimbursement Request" or an "In-District Mileage Claim Form" for those items.
Don't forget to attach receipts!

Employee Signature Date

Approval Signature Date