ESU 7

Educational Service Unit 7

EXPENSE SHEET

Individual expense sheets are due to the Secretary/Bookkeeper on the last day of the month. Expense vouchers received after the last day of the month will be carried over to the next month for reimbursement.

Name: _____ **Month:** _____ **Vendor#:** _____

MILEAGE RECORD

Date	Complete Path	Purpose	Miles
Acct. Code		**Total Miles:**	0
		@ Approved IRS Rate:	0.545
		MILEAGE TOTAL:	$0.00

OTHER EXPENSES - ***Receipt required for reimbursement***

Date	Nature of Expense	Amount
Acct. Code	**EXPENSES TOTAL:**	$0.00
	GRAND TOTAL:	$0.00

Employee Signature: _____

By signing the form, you are certifying the information is true and correct. The Expense form must be signed for the employee to receive reimbursement.

_____

Supervisor

This claim must be checked for accuracy and approved monthly by the Administrator.

Administrator: _____

Larianne Polk

Reset