# ESU 7 EXPENSE SHEET
# SPECIAL EDUCATION DEPARTMENT

***Individual expense sheets must be turned into the SPED Bookkeeper by the last day of the month. Expense vouchers received after the date will not be processed and will be carried over to the next month for reimbursement.***

**Name:** ______________________________ **Month:** ______________________

**Point of Reference:** ______________________ **Vendor #:** ______________________

## MILEAGE RECORD

| Date | Daily Log | Purpose/Job Title | Miles |
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| ***Acct. Code:*** | | **Total Miles:** | 0 |
| | | **@ Approved IRS Rate:** | $0.545 |
| | | **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.

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

**Director:** ______________________
***Darus Mettler***

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

**Administrator:** ______________________
***Larianne Polk***

Reset