

# EXPENSE REIMBURSEMENT REPORT

GENERAL McLANE SCHOOL DISTRICT  
EDUCATION CENTER  
11771 EDINBORO ROAD  
EDINBORO, PA 16412

MILEAGE RATE  
EFFECTIVE 1/1/2019  
\$.49 STAFF  
\$.58 GMEA  
\*\*\*\*\*  
**OBTAIN & ATTACH RECEIPTS**  
\*\*\*\*\*  
REIMBURSEMENT IS TO  
MAXIMUM FEDERAL  
PER DIEM RATES

Employee's Name \_\_\_\_\_  
Building Assigned \_\_\_\_\_  
Purpose of Travel or Expenses \_\_\_\_\_  
Location of Travel \_\_\_\_\_  
Dates of Travel \_\_\_\_\_

**ITEMIZED EXPENSES —ATTACH RECEIPTS**

Date Incurred	Itemize separately all expenses, indicating the purpose and place the expenses were incurred (and persons for whom were paid if other than you) <b>REIMBURSEMENT IS LIMITED TO MAXIMUM FEDERAL PER DIEM RATES PER PUBLICATION 1542</b>	Amount
TOTAL EXPENSES		

I hereby certify that the expenses itemized above were incurred by me in the performance of my duties as an employee of the General McLane School District.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Approved by \_\_\_\_\_ Date \_\_\_\_\_

Payment Authorized \_\_\_\_\_ Business Manager Date \_\_\_\_\_

Account Number \_\_\_\_\_