EXPENSE REIMBURSEMENT REPORT

MILEAGE RATE
EFFECTIVE **1/1/2023**
$.655
****
OBTAIN & ATTACH RECEIPTS
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REIMBURSEMENT IS TO MAXIMUM FEDERAL PER DIEM RATES

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

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) **REIMBURSEMENT IS LIMITED TO MAXIMUM FEDERAL PER DIEM RATES PER PUBLICATION 1542**	Amount
	TOTAL EXPENSES	

I hereby certify that the expense 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 _____