

**SCHOOL DISTRICT OF ALTOONA  
EXPENSE REIMBURSEMENT**

1. Name of Person: \_\_\_\_\_  
 2. Nature of Activity: \_\_\_\_\_  
 3. Date of Activity: \_\_\_\_\_  
 4. Place of Activity: \_\_\_\_\_

5. Lodging: (attach receipts) Total #5      \$ \_\_\_\_\_

6. Meals: (attach receipts)

	Mon	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Breakfast							
Lunch							
Dinner							
<b>Total</b>							

Total #6      \$ \_\_\_\_\_

7. Transportation: (attach receipts, if applicable)

Auto \_\_\_\_\_ miles @ \$.535/mile = \_\_\_\_\_

Parking \_\_\_\_\_

Other \_\_\_\_\_

Total #7      \$ \_\_\_\_\_

8. Miscellaneous Reimbursable Expenses: (attach receipts)

\_\_\_\_\_  
 \_\_\_\_\_

Total #8      \$ \_\_\_\_\_

9. I certify this to be a true statement of the actual and necessary expenses incurred, and not entertainment expenses are included.

**GRAND  
TOTAL      \$ \_\_\_\_\_**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

Account Number \_\_\_\_\_ **AMOUNT APPROVED \$** \_\_\_\_\_

Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

Business Office Approval \_\_\_\_\_ Date \_\_\_\_\_