



SANTIAM CANYON

REIMBURSEMENT FORM 2018

Staff Name: _____
Position: _____

Date: _____
Staff Signature: _____

Date	City / State	TRAVEL - DESCRIPTION / PURPOSE	Mileage	LINE TOTAL	Account Code
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
Date	City / State	LODGING - DESCRIPTION / PURPOSE	Rates	LINE TOTAL	Account Code
			-	-	
			-	-	
			-	-	
Date	City / State	MEALS - ACTIVITY/MEETING	Amount	LINE TOTAL	Account Code
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
Date	VENDOR	OTHER - Registration/Materials/Supplies, Etc.	Amount	LINE TOTAL	Account Code
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	
			-	-	

District Approval: _____
Date: _____

Total \$ - .545 per mile as of 01/01/18

ALL Travel Reimbursements must be Pre-Approved by the Superintendent
Receipts must be attached for ALL reimbursement claims.