



Henderson Knox Mercer Warren ROE #33
REIMBURSEMENT FORM

Indicate Program:

Employee Name _____ Date Submitted _____

(Please be specific)

Date	Purpose Details	Destination	Miles	Other Expenses	Source of Funding

Total Miles	Total Expenses

Total Mileage Reimbursement (total #miles /.535=) _____

Total Other Expenses + _____

Total ALL expenses to be reimbursed = \$ _____

Employee Signature

Date

Superintendent Signature

Date