

Imlay City Community Schools

634 Borland Road
Imlay City, Michigan 48444

Expense Reimbursement

1. Complete one copy and forward to Central Office.
2. Form **must be** submitted before the 10th of the month.
3. Reimbursement will be paid the following month.

Name _____ Date submitted _____

Address _____

DATE	DESCRIPTION	MEALS	MISCELLANEOUS	MILEAGE <small>(Total # of miles X .67)</small>	TOTAL
TOTAL REIMBURSEMENT					

Charge to Code: _____

Employee Signature: _____

Approved by: _____ Date _____