

Pinckney Community Schools
REIMBURSEMENT OF EXPENSES REQUEST

NAME: _____ Please Check One: PCS Employee Non-PCS Employee
 (Edustaff, LESA, ETC.)

BUILDING/DEPARTMENT: _____

DATE EXPENSE INCURRED	LOCATION <small>(NAME OF STORE, RESTAURANT, HOTEL, ETC.)</small>	PURPOSE OF ACTIVITY/COMMENTS <small>(SUPPLIES FOR CLASSROOM, CONFERENCE, MEETING, BANQUET, STUDENT ACTIVITY EVENT, ETC.)</small>	ITEMIZED EXPENSE/ # OF MILES	IRS MILEAGE RATE \$0.545 <small>(Effective 1/1/18)</small>	TOTAL COST

TOTAL COST BREAKDOWN BY ACCOUNT NUMBER:

Account Number _____ \$ _____
 Account Number _____ \$ _____
 Account Number _____ \$ _____
TOTAL AMOUNT: \$ _____

Requestor's Signature/ Title (Principal, Teacher, ETC.) Date Submitted Administrator's Approval

NOTES:

- 1.) Original receipts for all expenses must be attached. Requests for reimbursement without receipts or back-up will not be honored.
- 2.) Restaurant receipts must include the original itemized expense receipt along with final amount receipt with tip included if applicable. No alcoholic beverages or deserts with alcohol as an itemized expense will be reimbursable per state and federal guidelines.
- 3.) Mileage must be figured at the current IRS allowable rate.
- 4.) Sales Tax on purchases will not be reimbursed using General Fund accounts.

PLEASE SUBMIT THIS FORM TO JUDY WERNER @CENTRAL OFFICE. Finance Dept. Approval: _____