Red Clay Consolidated School District

Reimbursement Request

Cell Phone/Mileage/Supplies

- The Red Clay Consolidated School District Reimbursement Request must be sent to the Business Office within the following deadlines: Cell Phones (3 months at a time), Mileage (Monthly), Supplies (No More than 6 months at a time)
- **IMPORTANT NOTE:** Please attach all receipts, registration, and mileage detail to your reimbursement.

Employee Name: _____ **Reimbursement Amount Total:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Note: Please complete chart and attach all receipts. Attach a copy of the mileage or supplies log to this cover page.

Date	Description	Amount

***Explanation/Reason for Reimbursement:** _____

Coding: Please fill out the department funding below for all expense charges.

Budget Reference: _____ **Fund:** _____ **Dept:** _____

Operating Unit: _____ **Appropriation:** _____ **Program:** _____

Account Code: _____ **Category Code:** _____ **School Location:** _____

PC Business Unit: _____ **Project:** _____ **Activity:** _____

Employee Certification

I do solemnly swear that the above mentioned expenses were incurred as a necessary expenditure in the conduct of state business and that the representations contained in this form are true and correct.

Employee Signature: _____

Principal Signature: _____

District Office Approval: _____

Date: _____

Check List

Supplies Log _____

Mileage Log _____

Receipts or Copy of Paid Bill _____

_____

Rev. 08-23-2022

Red Clay Consolidated School District
Personal Reimbursement
Mileage Log

Name: ____________________________ Employee ID ____________________

Mileage must be submitted to the Business Office within 30 days after the end of the month
EX: July mileage must be submitted prior to August 30th.
Indicate if this trip is one way or round trip

Date	FROM	TO	Round Trip Y/N	Tolls	# Miles
Mileage Rate: Number of miles * $0.40		**Total Miles**		$ -	-

Must have receipt for Tolls or ezpass Statement showing toll paid

Mileage Reimbursement @	**$0.40**	$ -
Toll Reimbursement		$ -
Total Mileage/Tolls		$ -

rev. 8-23-22

Red Clay Consolidated School District
Personal Reimbursement
Supplies Log

Name: ____________________________ Employee ID ____________________________

Date	Vendor Receipts	Reason for Puchase	Amount

Total **$0.00**