

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:	ame: Reimbursement Amount Total:		
Home Address:			
City:	State:	Zip Code:	
Note: Please complete chart and attac	ch all receipts. Attach a copy of the mileage or sup	plies log to this cover page.	
Date	Description	Amount	
	rsement:		
Budget Reference:	ment funding below for all expense charges Fund:	Dept:	
Operating Unit:			
Account Code:			
PC Business Unit:		Activity:	
Employee Certification I do solemnly swear that the above the representations contained in this	mentioned expenses were incurred as a necessar form are true and correct.	ary expenditure in the conduct of state business and that	
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

	_		Round		
Date	FROM	то	Trip Y/N	Tolls	# Miles
			_		
			· .		
			1		
				-	
					
					-
			_		1
					-
eage Rate: Nun	nber of miles * \$0.50	Total Miles		\$ -	
t have receipt for	Tolls or ezpass Statement	Mileage Reimbursement @	\$0.50		\$ -
ving toll paid		Toll Reimbursement			\$ -

Red Clay Consolidated School District Personal Reimbursement Supplies Log

Name:	Employee ID	
		-

			Amount
Date	Vendor Receipts	Reason for Puchase	
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Total