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 *(Total # of miles X .___)*	TOTAL
				TOTAL REIMBURSEMENT	

Charge to Code:_____

Employee Signature:_____

Approved by:_____ Date_____

F:programs/share/board/confreq/mileageexpensereimbursement