

Total _____

EXTRACURRICULAR ACTIVITY CLAIM

Employee's Name _____

Date _____ TIME From: _____ To: _____

Activity _____

Duty _____

Employee Signature

Principal Signature

REIMBURSEMENT CLAIM FORM

Approved by: _____

Wamego USD 320 (updated 7/07)

(Signature of Bldg. Principal or Spec. Services Director)

Name: _____ Address: _____

Event Attended: _____ Location: _____ Date: _____

Other Info: _____ Overnight Stay? yes no

MEALS: Amounts allowed: \$7.00 breakfast/ \$8.00 lunch/ \$15.00 dinner (ATTACH ITEMIZED RECEIPTS)

<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>(Office Use Only)</u>
_____	_____	_____	_____	Vendor _____ PO # _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____
_____	_____	_____	_____	SACCT _____ Amt. _____ Desc. _____

Mileage (.47 per mile) No. of miles _____ x .47 = \$ _____

OTHER EXPENSES _____

Total Due to You \$ _____