EXPENSE REIMBURSEMENT FORM

EXPENSES MUST BE SUBMITTED WITHIN 60 DAYS

Submit to: Gloucester City Board of Education - Accounts Payable

Name:
Address:

PERIOD COVERED
From:_
To:__

Purpose of Business:_____ _____
_____

DATE	FROM - TO	MILES	$.31 X MI.	TOLLS	BUSINESS MEALS	MISCELLANEOUS	TOTAL	ACCOUNT NUMBER
GRAND TOTAL								

I hereby certify that this reimbursement form is a true statement of authorized expenses as outlined within policies set by the Gloucester City Board of Education.

_____
Signature of claimant Date

_____
Address

_____
Approving Signature of Administrator

*** Policy requires original receipts for all items except non-meal tips and mileage.**
**** Maximum for meals is $7.00 Breakfast, $10.00 Lunch and $15.00 for Dinner**