

Mount Clemens Community School District Employee Expense Report

Employee Name: _____ **School/Department:** _____

For the Month of: _____ 20____ PO/AC#_____ Other Expenses**

*Other Expenses***

<i>Mileage</i>	<i>Place and Purpose of Travel</i>
1	
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31	

** Attach a receipt and explanation for all other expenses. - minus any tax or tips.

0	TOTAL MILEAGE @ \$0.725	\$ -
	TOTAL OTHER EXPENSE	\$ -
	TOTAL REIMBURSEMENT REQUESTED	\$ -

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Director of Financial Services: _____ Date: _____

~~This Form Is Due In The Business Office By the 5th of The Following Month~~