

Mount Clemens Community School District Employee Expense Report

Employee Name: _____ School/Department: _____

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

	Mileage	Place and Purpose of Travel	
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____
21	_____	_____	_____
22	_____	_____	_____
23	_____	_____	_____
24	_____	_____	_____
25	_____	_____	_____
26	_____	_____	_____
27	_____	_____	_____
28	_____	_____	_____
29	_____	_____	_____
30	_____	_____	_____
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~~