

REIMBURSABLE BUSINESS EXPENSE CLAIM FORM - 2022/2023

Employee Submitting Claim: _____ Today's Date _____

Employee _____
 (Check One) Employee / Vendor Name

Vendor _____

 Employee / Vendor Address



Rates Effective Jan 1, 2023

Date	Expense Item	Reason & Location	<u>MILEAGE</u>		Expense	Other Expense	TOTAL EXPENSE
			# Miles	Rate			
				0.655			
				0.655			
				0.655			
				0.655			
				0.655			
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				0.655			
				0.655			
				0.655			
TOTALS							

**** I declare under the penalties of law that this account, claim, or demand is just and correct and that no part of it has been paid.**

Employee Signature

Principal / Supervisor Signature

UFARS Account Code

Superintendent Signature