

# Barnum PTO

## Expense Reimbursement Form

	Date	Expense Description	# of miles (if applicable)	\$ Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

**2018 Mileage Reimbursement Rate \$0.545 per mile**

**Total: \$ \_\_\_\_\_**

*Supporting receipts attached (required)*

Requestor's Name (please print) \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Officer Signature \_\_\_\_\_

Officer Signature \_\_\_\_\_