

**Willard R-2 School District  
Employee Expense Reimbursement**

**Request for Payment**

Expenses for Month of: \_\_\_\_\_

Requested by: \_\_\_\_\_

Approved by: \_\_\_\_\_

**Travel (\$.35 per mile)**

Date	Destination	Reason	Miles	Amount
<b>TOTAL</b>				

**Miscellaneous**

Date	Item	Amount
<b>TOTAL</b>		

**Grand Total** \_\_\_\_\_

**Meal Limits: Breakfast \$5.00    Lunch \$7.50    Dinner \$10.00**