

Red Clay Consolidated School District

Reimbursement Request Cell Phone/Mileage/Supplies

- The Red Clay Consolidated School District Reimbursement Request must be sent to the Business Office within the following deadlines: Cell Phones (3 months at a time), Mileage (Monthly), Supplies (No More than 6 months at a time)
- IMPORTANT NOTE: Please attach all receipts, registration, and mileage detail to your reimbursement.

| Employee Name: | e: Reimbursement Amount Total: | | |
|--|--|--|---|
| Home Address: | | | |
| City: | State: | Zip Code: | |
| Note: Please complete chart and attac | ch all receipts. Attach a copy of the mileage or sup | plies log to this cover page. | |
| Date | Description | Amount | |
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| | rsement: | | |
| Coding: Please fill out the departs | ment funding below for all expense charges. | | |
| Budget Reference: | Fund: | Dept: | |
| Operating Unit: | Appropriation: | Program: | |
| Account Code: | Category Code: | School Location: | |
| PC Business Unit: | Project: | Activity: | |
| Employee Certification I do solemnly swear that the above the representations contained in this | mentioned expenses were incurred as a necessary | ary expenditure in the conduct of state business and tha | t |
| | | | |
| Employee Signature: | | | |
| Principal Signature: | | | |
| District Office Approval: | | | |
| Date: | | | |

Check List
Supplies Log
Mileage Log
Receipts or Copy of
Paid Bill

Rev. 08-23-2022

Red Clay Consolidated School District Personal Reimbursement

Mileage Log

| Name: | Employee ID |
|-------|-------------|
| | |

Mileage must be submitted to the Business Office within 30 days after the end of the month EX: July mileage must be submitted prior to August 30th.

Indicate if this trip is one way or round trip

| | | | Round | | |
|--------------------|---------------------------|-------------------------|----------|-------|---------|
| Date | FROM | то | Trip Y/N | Tolls | # Miles |
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| eage Rate: Nun | nber of miles * \$0.50 | Total Miles | | \$ - | |
| | | | | | |
| t have receipt for | Tolls or ezpass Statement | Mileage Reimbursement @ | \$0.50 | | \$ - |
| ving toll paid | | Toll Reimbursement | | | \$ - |
| | | | | | |

Red Clay Consolidated School District Personal Reimbursement Supplies Log

| Name: | Employee ID | |
|-------|-------------|--|
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| | | | Amount |
|-------------|--|---|-------------|
| Date | Vendor Receipts | Reason for Puchase | |
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