

# Smyrna School District Employee Reimbursement Request

<b>Employee Name:</b>	<b>Date:</b>
<b>Employee Address:</b>	<b>Amount:</b>
<b>Type of reimbursement:</b>	<b>Principal Approval:</b>
	<b>Category Code:</b>

FY	Fund	Department	Operating Unit	Appropriation	Account	Program	Sch Code	PC Bus Unit	Project	Activity	Amount

Date:	From	To	Return	Miles	Plane/ R.R.	Taxi /Bus	Breakfast	Lunch	Dinner	Hotel	Description	Amount

<b>For Use by Finance Office:</b> <b>DATE:</b> _____ <b>REFERENCE:</b> _____	<b>Mileage Reimbursement:</b> _____ Miles @ .50 cents <b>Total:</b> _____	<b>Grand Total:</b> _____
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**Comments:**

**Employee Signature:**