

## **FALLS CITY SCHOOL DISTRICT #57**

111 N Main Street
Falls City, OR 97344 Eler
Phone: 503-787-3521 Hig

Elem School FAX: 503-787-3239 High School FAX: 503-787-1507

District FAX: 503-787-5805

"Falls City School District provides well-rounded opportunities for students to become productive, positive citizens and life-long learners"

Art Houghtaling
'intendent / Elementary School Prin

Micke Kidd

High School Principal

	REIMBURSEMENT FOR	M		
			A	ugust 15, 2019
Name:		-	Date:	
Signature:		_		
Instructions:				
1. Attach ORIGI	NAL receipts for all reimbursements.			
2. Claim vouche	rs must be submitted once monthly by the last working day of each	month.		
Expenses will	not be paid or accepted after 90 calendar days.			
3. All claim forn	ns must be signed by claimant and approved by supervisor.			
4. 2019 Federal	mileage reimbursement rate is \$0.58 per mile			
Date Purchased/Trav eled	Description (ie: supplies, conference, mileage to/from ?)	Number of Miles	Mileage Rate	Requested Amount
6/1/2016	SAMPLE: Dallas Lawn & Garden	15	0.58	8.18
			0.58	0
			0.58	0
			0.58	0
			0.58	0
			0.58	0
			0.58	0
			0.58	0
			0.58	0
	Total requesting:			0
Supervisor's Approval:			Date:	
ccount Number (s)				Amount