

Coquille School District 8

1366 N Gould Street
Coquille, OR 97423

Phone: 541-396-2181
Fax: 541-396-5015

Purchase Order _____

EMPLOYEE REQUEST FOR REIMBURSEMENT

Employee:

Reason for Expense:

Date	Description of Expense	Cost
	In district travel _____ miles @ .375 per mile = \$ _____	
	Out of district travel _____ miles @ .375 per mile = \$ _____	
Total owed to you		

Employee signature: _____ Date: _____

Approved by: _____ Date: _____

Account		
Account		
Account		
Account		

Business Manager Signature _____

Receipts must be attached to expense form!