

MASON COUNTY EASTERN  
EMPLOYEE EXPENSE REIMBURSEMENT FORM

Attach necessary documentation to the back of this form for the following expense reimbursements.

Submit original receipts and keep copies of receipts if needed for your records.

**Supplies, Conferences, & Other Reimbursements**

Date of Expense \_\_\_\_\_

Amount \_\_\_\_\_

Description \_\_\_\_\_

*Sales tax will not be reimbursed. Prevent sales tax charges by providing the vendor with the district's sales tax exempt form.*

**Mileage**

Date of Travel \_\_\_\_\_

Destination \_\_\_\_\_

Round Trip Mileage \_\_\_\_\_

Description \_\_\_\_\_

*Mileage will be reimbursed at the standard IRS rate. Distance for mileage will begin and end at the district.*

**Reimbursed Employee**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Approver**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_