

**GLEN ROSE SCHOOL DISTRICT
PERSONAL EXPENSE REIMBURSEMENT REQUEST**
14334 HIGHWAY 67
MALVERN, AR 72104

Name: _____ **Date:** _____

Expenses incurred for what purpose: _____

To be Paid from _____ **Fund.**

The following are personal expenses incurred while serving the Glen Rose School District.

Use of Personal Car: List date traveled, place traveled to & daily mileage

Total Mileage _____ @ \$.42 = _____ Sub-Total

Meals (Attach Detailed Receipts)

Breakfast _____

Lunch _____

Dinner _____

Sub-Total

Miscellaneous Expenses (List and Attach Receipts)

Store Name	for what purpose	amount

Sub-Total

Total Amount to be Reimbursed

Signature _____

Date _____

Supervisor Approval _____

Date _____