Swanville School District
Employee Expense Reimbursement Form

Name: _____ School/Program: _____

Type of Reimbursement (check one):

☐ Travel ☐ Expense Reimbursement ☐ Professional Development

Date	Reason for Expenditure / Purpose of Trip	Miles	Amount

Other Expenses (please attach required documents, receipts, etc. to this form):

_____

_____

_____

Employee Signature: _____ Date: _____

Total Amount Requested: $ _____

For Office Use Only

Supervisor Signature: _____ Date: _____

Authorized By: _____ Date: _____

Amount Approved: $ _____