

WEST FRANKLIN UNIFIED SCHOOL DISTRICT #287

TRAVEL EXPENSE REIMBURSEMENT CLAIM FORM

2025 – 2026

*****FYI: District vehicles are to be used whenever available.*****

***IMPORTANT:** This form is your tally sheet/supporting documentation for the **MONTHLY** eRequisition you need to complete on-line for mileage reimbursement; please do not complete this form and a mileage e-req for each trip separately. If you do not know how to complete an e-Req, please see your school secretary. All receipts for tolls, parking fees, etc need to be attached to this sheet when applicable. When you complete your eRequisition on-line, **please note the E-REQ # on this sheet.** This supporting documentation with E-REQ # noted **MUST reach the District Office** by the appropriate date (see below); please **turn this paperwork in to your school office 2-3 days prior to these dates** to allow for processing time.

E-Reqs will not be processed for payment until all appropriate supporting documentation has been received in the District Office. All e-reqs with supporting documentation received in time will be paid and approved at the following months Board Meeting.

July	25	January	23
August	25	February	20
September	23	March	23
October	22	April	22
November	17	May	20
December	19	June	19

Employee _____

Location _____

EREQU # _____

(Please itemize mileage on back of worksheet first)

TRAVEL= _____ Regular Mileage @ .70 per mile \$ _____
_____ Workshop Related Mileage @ .70 per mile \$ _____

MEALS: (If workshop related you do **NOT** need this form or an e-req since your event has already been approved by the Board. Just put your receipts in an envelope, write your name on the outside and turn it in to your school secretary. You should receive your reimbursement check within a week.)

Non-workshop related meals: \$ _____

LODGING: (Bill/Receipt to be attached) Workshop related? YES / NO \$ _____

OTHER/MISCELLANEOUS: (Attach receipts, indicate if Workshop related)

\$ _____
\$ _____
\$ _____

TOTAL: \$ _____

Employee Signature: _____

Date: _____

DATE	DESTINATION	Purpose of travel or NAME OF WORKSHOP	Regular Mileage	Workshop Related
MILEAGE TOTALS:				

