

# Macon County Schools

Rev. 8/11

## Reimbursement Expense Form

THIS INSTRUMENT HAS BEEN  
PREAUDITED IN THE MANNER  
REQUIRED BY THE SCHOOL BUDGET  
AND FISCAL CONTROL ACT.

Please print or type all information entered.  
Submit original within 30 days of activity.

Claimant's Full Certificate Name:		Funding Code: _____ <small>(Above information to be entered by County Office)</small>	
Claimant's Home Address:		Activity:	
Claimant's Social Security Number:		Assignment/Grade Level:	Total Expense: \$ _____ <small>(County Office Entry):</small>
Period Covered During This Activity: From: _____ To: _____		Home-Base School:	Reimbursement: \$ _____ <small>(County Office Entry):</small>
This is a true and accurate statement of expenses incurred.  _____ Claimant's Signature _____ Date _____		I certify that the expenses submitted are proper, and amounts claimed are just and reasonable.  _____ Central Office Coordinator _____ Date _____	

Transportation						Per Diem		Other Expenses	
Month/Day	From	To	Mode	Mileage	Amount	Type	Amount	Expense	Amount
			P		0	B			
			A	➡		L			
						D			
						H			
							Daily Total:	0	0
			P		0	B			
			A	➡		L			
						D			
						H			
							Daily Total:	0	0
			P		0	B			
			A	➡		L			
						D			
						H			
							Daily Total:	0	0
			P		0	B			
			A	➡		L			
						D			
						H			
							Daily Total:	0	0
			P		0	B			
			A	➡		L			
						D			
						H			
							Daily Total:	0	0
			P		0	B			
			A	➡		L			
						D			
						H			
							Daily Total:	0	0
					Total Mileage Expense(s)		Total Per Diem Expense(s)		Total Other Expense(s)
					0		0		0

Mode of Transportation: P-Privately Owned Car (55.5 cents per mile); A-Air; O-Other; Rental Car  
 Per Diem: B-Breakfast; L-Lunch; D-Dinner; H-Hotel/Lodging  
 In-State Maximum Rate: B-\$7.75; L-\$10.10; D-\$17.30; H-\$65.90 Daily Total Maximum=\$101.05  
 Out-of-State Maximum Rates: B-\$7.75 L-\$10.10; D-\$19.65; H-\$78.05 Daily Total Maximum=\$115.55  
 Other Exp. for Travel Reim. include registration fee, parking fees & gasoline, etc.

**Total Approved:**  
  
(County Office Entry)

Transportation						Per Diem			Other Expenses	
Month/ Day	From	To	Mode	Mileage	Amount	Type	Amount		Expense	Amount
			P		0	B				
			A	➡		L				
						D				
						H				
						Daily Total:		0		0
			P		0	B				
			A	➡		L				
						D				
						H				
						Daily Total:		0		0
			P		0	B				
			A	➡		L				
						D				
						H				
						Daily Total:		0		0
			P		0	B				
			A	➡		L				
						D				
						H				
						Daily Total:		0		0
			P		0	B				
			A	➡		L				
						D				
						H				
						Daily Total:		0		0
			P		0	B				
			A	➡		L				
						D				
						H				
						Daily Total:		0		0
			P		0	B				
			A	➡		L				
						D				
						H				
						Daily Total:		0		0
						Daily Total:		0		0
						Total Mileage Expense(s)				
					0					
						Total Per Diem Expense(s)		0		
						Total Other Expense(s)				0