

Nodaway-Holt R-VII School District

Graham – Maitland – Skidmore

EMPLOYEE EXPENSE REPORT

Mileage

Date	Where To	Miles	Per Mile	Amount
			.40	
			.40	
			.40	
			.40	
			.40	
			.40	
			.40	
			.40	
			.40	
			.40	
			.40	
			.40	
			.40	
			.40	
Totals				

Other Expense (Receipts Must be Attached!)

Date	Itemize Expense	Amount
Total		

Mileage Expense _____
 Other Expense _____
 Total _____

Requested By _____ (must be signed!)
 Approved By _____
 Account Code _____