North College Hill City Schools
Expense Reimbursement Form

Name_____ Expense Report For Period_____ 19_____

Month	Day	Location	Miles out of District	Miles x Rate	Hotel	Meals	Other*	Total
		TOTAL		$	$	$	$	$

*Include all other expenditures with notation (example: public transportation, registration, etc.)

Supervisor's Approval_____ Employee's Signature_____