

**School District 145-Waverly
Waverly, Nebraska 68462**

Claims for reimbursement must be accompanied by receipts documenting all expenses.

Date _____	Meeting _____
Name _____	_____
Address _____	Location _____
City, State, Zip _____	Comments _____
Date of Trip _____	_____
Account # _____	Balance Due: _____

ITEMIZED EXPENSES

(Please only type numbers in all boxes except date. Calculations will be done automatically.)

Date										TOTAL
Lodging										
Breakfast										
Lunch										
Dinner										
Taxis										
Air Fare										
Registration Fees										
Parking										
Other - Itemized										
Mileage @ 35¢										
Miles										
Totals										

I hereby certify that the above expenses were actually incurred by me in the performance of my duties to School District 145, and I declare and affirm under the penalties of perjury that this claim has been examined by me, and the best of my knowledge and belief, is in all things true and correct.

Signature of Claimant

Title Date

Principal Date

Business Manager Date