

## Granite Falls School District Expense Claim Form

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Employee \_\_\_\_\_

Position \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

**Expense Claim** (List additional expenses on back of form)

Date	Expense	Amount	Account Code
<b>Total Supply</b>			

Attach itemized receipts

**Mileage Expense Claim** (List additional expenses on back of form)

Date	Destination	Purpose of Trip	Miles	x's .565	Account Code
<b>Total</b>					

I hereby certify that this is a true and correct claim for approved expense incurred by me and that no payment has been received for them.

<b>Grand Total</b>	
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\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date