



**EXPENDITURE & MILEAGE REIMBURSEMENT FORM**  
**RSU No. 5 DURHAM-FREEPORT-POWNA**

**(Requests for reimbursement must be presented within 60 days of the expense)**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Purpose of Trip/Reimbursement: \_\_\_\_\_

**MILEAGE** (Mileage should be entered on grid on back of sheet, bring total to front\*)

\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_ (total miles from back side x rate)  
   rate per mile (effective 1/1/18)

**Please Note: RSU5 cannot reimburse Maine State tax; please deduct from total.**

**EXPENDITURE DESCRIPTION** (attach receipts\*\*)

Date	Paid To	Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Reimbursement Due:** \$ \_\_\_\_\_

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

\_\_\_\_\_  
 Administrator Signature

\*\*\*\*Administrator\*\*\*\* Please indicate the account(s) below to be charged

<u>Account #</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

**\*RECORD TRIPS ON BACK SIDE**  
**\*\*ATTACH RECEIPTS FOR EXPENDITURES**

