



**EXPENDITURE & MILEAGE REIMBURSEMENT FORM**  
**RSU 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 \$0.625 = \$ \_\_\_\_\_ (total miles from back side x rate)  
Total miles      Rate per mile      Mileage Reimbursement due  
(effective 7/1/22)

EXPENDITURE DESCRIPTION (attach receipts\*\*)

Please note: RSU 5 cannot reimburse Maine State tax;  
please deduct from total.

Date	Paid To	Description	Amount

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

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

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

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

Account #	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

\*RECORD TRIPS ON BACK SIDE

\*\*ATTACH RECEIPTS FOR EXPENDITURES

Revised: 7/1/22 (blue)

[illegible]

