

Rice Lake Area School District

700 Augusta Street  
 Rice Lake, WI 54868  
 715-234-9007 fax 715-234-4552

**EXPENSE REPORT**

**Employee**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Please Print

**\*\*\*ALL RECEIPTS MUST BE ATTACHED\*\*\***

**Notes:**

<b>Date</b>	<b>Description</b>	<b>Miles Traveled</b>	<b>Mileage reimbursement</b>	<b>Room Cost</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Other</b>	<b>TOTAL</b>
								Sub Total	
								Deductions	
								<b>TOTAL</b>	

Signatures

Claimant: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supt/DFO: \_\_\_\_\_

To Connections on or before the 25th

Budget Codes

Call for Current  
 IRS Mileage Rate