

**Chillicothe R-II School District**  
Expense Reimbursement Form

	Date	Description of Activity/Expenditure	Miles/Reimb\$	Meals\$	Hotel\$	Registration	Other
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
	<b>Total Expenditure</b>						
Name: _____ Date: _____ Total Request: _____ Approval: _____							

**\*\*All receipts must be attached to receive reimbursement\*\***