

**SADDLE CREEK CSD
EXPENSE REPORT/REIMBURSEMENT REQUEST**

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(To be Completed by Employee Incurring Expenses/Requesting Reimbursement)

Type of Expense: Meal Commercial Travel Vehicle Mileage
 Lodging Registration Other

Justification (Brief description of reasons cost were incurred): _____

Date(s) Cost Where Incurred: _____
Location Costs Were Incurred: _____

If reimbursement is being requested state amount: _____
Note: If expenses were paid by District funds and no reimbursement is being requested enter "0".

Employee Incurring Expenses:

Signature: _____ Title: _____ Date: _____

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(To be Completed by CSD Treasurer or Bookkeeper)

Date Expense Report was Received: _____
If Reimbursement was Requested: Date Paid: _____ Total Amount Paid: _____
Signature of CSD Treasurer or Bookkeeper: _____ Date: _____

Original- File
Copy- Employee