

Macon County R-IV Monthly Reimbusal

Month _____

| Date | *Miles | Food | Hotel | Fees | Supplies | Other | Activity | Fund Charged |
|------|--------|------|-------|------|----------|-------|----------|--------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |

Subtotal **TOTAL** **\$0.00**

Name: _____ **Date Submitted:** _____

| | |
|---------------|-------|
| Fund Charged: | TOTAL |
| Fund Charged: | |
| Fund Charged: | |

Authorization: _____ Date _____
Principal/ Superintendent

Please staple receipts or photocopies to this document. The form must be submitted to the accounting office by no later than the 1st of each month to receive a reimbursal check.

* Mileage rate is 40 cents per mile