Northfield PUBLIC SCHOOLS

Expense Reimbursement

Employee Name: _____

			ATTACH RECEIPTS (Itemized Receipts are Required)				
Date (Expense incurred)	**Destination, Purpose, Description** (if claiming mileage you must include your TO and FROM location)	**Miles**	**Lodging**	**Meals**	**Parking**	**Other**	**Total**
Total Mileage			**@ $0.76 cents per mile (eff 7/1/2026)**				
						GRAND TOTAL	

Employee Signature: _____ Date: _____

I declare under the penalties of perjury that this account, claim or demand is just and true and that no part of it has been paid.

Supervisor Signature: _____ Date: _____

FOR OFFICE USE ONLY	
ACCOUNT CODE	**AMOUNT**