

Region Ten Community Services Board Reimbursement Form

Staff: _____ Staff Code: _____

Work Site: _____

All reimbursements must be filed within 2 months to be considered timely and ALL reimbursements for expenditures taking place within a fiscal year must be filed NO LATER than 30 days after the close of that fiscal year. A fiscal year is the accounting year that begins on July 1 and ends on June 30. No requests submitted outside these time restrictions will be honored.

Tolls/Parking/Mileage

Date	Travel Itinerary	Tolls/ Parking	Purpose of Travel	# of miles traveled
Total Tolls/Parking		\$	Total Miles Traveled	

Total Mileage Expense: \$ _____

Total Tolls/Parking: \$ _____

Grand Total: \$ _____

Staff Signature: _____

Date: _____

Supervisor's Signature: _____

RU to be charged for this expense: _____

Date: _____

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***FOD**-Meals related to employee travel

***MED**-Medical supplies purchased for clients

***LOD**-Lodging related to employee travel

***SUP**-Supplies purchased for Region Ten use

***GAS**-Gas purchased for agency vehicles,employees can not be reimbursed for gas purchased for personal vehicles

***CLT**-Non-food items purchased for client

***CFD**-Food items purchased for client

***WSP**-Reimbursement for staff workshops, seminars,etc....

***OTH**-Other-does not fall under any other category listed-give detail

Meals/Supplies/Other

Date	Expenditure	*Account Code-see above	Amount
Total Amount			\$

Staff Signature: _____ Date: _____

Supervisors Signature: _____

RU to be charged for this expense: _____

Date: _____