EXPENSE REIMBURSEMENT FORM

EXPENSES MUST BE SUBMITTED WITHIN 60 DAYS

Submit to: Gloucester City Board of Education - Accounts Payable

Name:
Address:

PERIOD COVERED
From:_____
To:_____

Purpose of Business:_____
_____

DATE	FROM - TO	MILES	NJOMB rate $.31 per mile	TOLLS	BUSINESS MEALS	MISCELLANEOUS	TOTAL	ACCOUNT NUMBER
GRAND TOTAL								

I hereby certify that this reimbursement form is a true statement of authorized expenses as outlined within policies set by the Gloucester City Board of Education.

_____
Signature of claimant Date

_____
Address

_____
Approving Signature of Administrator

*** Policy requires original receipts for all items except non-meal tips and mileage.**
**** Maximum for meals is $10.00 Breakfast, $15.00 Lunch and $29.00 for Dinner**
***** NJOMB mileage rate for all state employees per legislation 7/1/08**

Revised 7/1/10