

Nodaway Holt R-VIII School District Graham – Maitland – Skidmore

EMPLOYEE EXPENSE REPORT

MILEAGE

OTHER EXPENSE (Receipts must be attached!)

Date	Where To	Miles	Per Mile	Amount	Date	Itemize Expense	Amount
			.32				
			.32				
			.32				
			.32				
			.32				
			.32				
			.32				
			.32				
			.32				
			.32				
TOTALS				.32		TOTAL	

Mileage Expense _____

Other Expense _____

Total _____

Requested By _____
(Must Be Signed!!)

Approved By _____

Account Code _____