

**School District 145-Waverly  
Waverly, Nebraska 68462**

Claims for reimbursement must be accompanied by receipts documenting all expenses.

Date \_\_\_\_\_ Meeting \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_ Location \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Comments \_\_\_\_\_  
 Date of Trip \_\_\_\_\_  
 Account # \_\_\_\_\_ Balance Due: \_\_\_\_\_

**ITEMIZED EXPENSES**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	<b>TOTAL</b>
Date								
Lodging								
Breakfast								
Lunch								
Dinner								
Taxis								
Air Fare								
Registration Fees								
Parking								
Other – Itemized								
Mileage @ \$0.575								
Miles								
<b>Daily Totals</b>								

I hereby certify that the above expenses were actually incurred by me in the performance of my duties to School District 145, and I declare and affirm under the penalties of perjury that this claim has been examined by me, and the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Title Date

\_\_\_\_\_  
Principal Date

\_\_\_\_\_  
Business Manager Date