

**GOAL Digital Academy**

890 W 4<sup>th</sup> St, Suite 400

Mansfield, OH 44906

**APPLICATION FOR EXPENSE REIMBURSEMENT**

Employee \_\_\_\_\_

P.O. # \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

<i>Date</i>	<i>Where/Purpose</i>	<i>Miles</i>	<i>Mileage \$</i>	<i>Lodging \$</i>	<i>Meals \$</i>	<i>Other \$</i>	<i>Total \$</i>
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
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			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
	<b>TOTAL</b>		\$	\$	\$	\$	\$

Reimbursement:

Mileage: (reimbursement at Board approved rate per mile)

Meals: (cannot reimburse for tips or alcoholic beverages)

Other: (parking, etc)

Registration: (fees not paid directly by GOAL)

Lodging: (cannot reimburse for personal phone calls, movies, etc)

*Note: ALL expenses must be itemized. Original receipts must be attached. Lodging receipts must be itemized, listing single rate per night and any other miscellaneous expenses connected with the bill.*

Supervisor \_\_\_\_\_

Treasurer \_\_\_\_\_