CENTRAL LINN SCHOOL DISTRICT 552-C
PO BOX 200
HALSEY, OR 97348

2026 TRAVEL & EXPENSE REIMBURSEMENT CLAIM

DATE	DESCRIPTION	MILEAGE	OTHER EXPENSES

I certify that I have knowledge of the above claim; that the amount herein specified is due from Central Linn School District as stated and that no part has been previously paid.

Total Miles _____ X's 0.76 per mile $_____
Total Other $_____

Total Due | |

Name (please print) _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

***Backup documentation must be attached for items other than mileage. If not, reimbursement will not be approved. All reimbursements are subject to approval and are not guaranteed.**
***Description must include business purpose of expense.**
*** Meal receipts must list food product purchased; credit card receipt is not sufficient**