Mount Clemens Community School District Employee Expense Report

For the Month of:	Employee Name		School/Department:				
1 2 3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 7 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	For the Month of	of:	2022	ACCT#:	[separate check	
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10 11 12 13 14 15 16 17 18 19 20 21 122 23 24 25 26 27 28 29 30 31 ** Attach a receipt and explanation for all other expenses. 0 TOTAL MILEAGE @ \$0.625 \$ - TOTAL OTHER EXPENSE \$ - TOTAL REIMBURSEMENT REQUESTED \$ - Other expense: Employee Signature:							
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20 21 22 23 24 25 26 27 28 29 30 31 *** Attach a receipt and explanation for all other expenses.						-	
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TOTAL REIMBURSEMENT REQUESTED \$ - Charge: Other expense: Date: Supervisor Approval: Date:							
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Employee Signature: Supervisor Approval: Date: Date:	Charge:			1 20101111		*	
Supervisor Approval: Date:		- Carer emper					
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^{~~}This Form Is Due In The Business Office By the 5th of The Following Month ~~