## West Linn-Wilsonville School District **EMPLOYEE REIMBURSEMENT REQUEST**Claims must be submitted within 60 days to avoid reimbursement being considered taxable income.

Employee	e Classification:				
Name		Date:			
Date	Description	Miles	Meals	Lodging	Other Expenses (Specify)
		-			
	Total				
	USE THIS FORM effect	tive Janua	ry 1, 2025 for	MILEAGE	
Total Mil	lesX 2025 mileage rate @	0.	70 <u>pe</u> r mil	e \$ 0.0	0
	im \$ATTACH RECEIPTS		<u> </u>		
	ntation of mileage must accompany this form (Google Ma	n or Mile	oge Table)		
Bocumer	nation of infleage mass accompany this form (Google ma	p or wine.	ige racie)		
I certify tha	at the above information is a true and correct statement of expenses in	ncurred in co	onnection with m	v dutv.	
,					tment Director Use Only
Employe	e ID Number:		11.13.100		
Date:	o is realison.	Date:			
Employee Signature:		Principal/Director Signature:			
					Original Designation Office
					Original. Business Office Copy Staff Member