CINCINNATI CLASSICAL ACADEMY

# Expense Pre-Approval/Reimbursement Form

**Employee Name:** _____ **Submit Date:** _____

**School/Site:** _____

**Manager Name:** _____

**Business Purpose:** _____

| Date of Expense | If Applicable (Dates of Travel) | Description (Conference Name, Address, Round Trip Mileage, Restaurant, Attendees, etc.) | Category (Training, Meeting, Meals, Mileage, etc.) | Cost |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | **Total Reimbursement:** | $ - |

**Notes:**
Refer to Expense Reimbursement Policy for any questions
Mileage reimbursement is set at $.54 per mile

**Approved By:**

**Requester Signature** _____ Date: _____

**Manager Signature:** _____ Date: _____

**Treasurer Signature:** _____ Date: _____

**FOR OFFICE USE ONLY:**

**Fund Number:** _____ **Tax Exempted:** _____ **Entered By:** _____

**Documentation:** _____ **Calculations:** _____