

# MONTOURSVILLE AREA SCHOOL DISTRICT

50 North Arch Street, Montoursville, Pennsylvania 17754-1900

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose: \_\_\_\_\_

Place and Date: \_\_\_\_\_

Reimbursable Activity	Date:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Registration									
Auto Mileage (number of miles)									
Total due for mileage: IRS rate									
Parking & Tolls									
Hotel / Motel									
Meals (Include tips & tax) Breakfast									
Lunch									
Dinner									
Telephone									
Miscellaneous: (list items)									
Total									

Advance payment given to claimant:	
Due Claimant:	
Due MASD:	

**\*\*\*Attach all receipts to this Claim Sheet\*\*\***

Reviewed by:	
Approved by:	
Date:	
Account #:	

I hereby certify that this Claim Sheet is a true statement of authorized expenses incurred.

\_\_\_\_\_  
Signature Date

**No expense reimbursement will be made unless this form is fully completed, signed, and dated.**

MONTOURSVILLE AREA SCHOOL DISTRICT

**Deductions From Claim for Reimbursement  
or  
Refund for Expenses Received**

**Event:** \_\_\_\_\_

**Expenses Paid by MASD for Member's Spouse and Non-Reimbursable Personal Expenses:**

a. Lodging (Difference between double and single occupancy rate)

Date	Rate Paid (include applicable taxes in all three columns)	Rate Reimbursable By MASD	Amount Deducted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Sub-Total (a) \$ _____

b. Meals

Date	Breakfast	Lunch	Dinner	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
				Sub-Total (b) \$ _____

c. Transportation / Gasoline

Date	Type	Amount	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
			Sub-Total (c) \$ _____

d. Other Charges: (Hotel charges for valet and other personal services,  
legal beverages, telephone, etc.)

Date	Type	Amount	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
			Sub-Total (d) \$ _____

**Total Amount Deductible from Claim for Expenses  
or Refundable to MASD.....**

\$ \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_