

**BELMONT-HARRISON VOCATIONAL SCHOOL DISTRICT
EXPENSE REIMBURSEMENT REQUEST FORM - CY 2026
(ALLOW 2 WEEKS FOR PROCESSING)**

EXPENSE REPORT OF _____

PO# _____

VENDOR NUMBER _____

FROM _____ TO _____
Date Date

Current Mileage Rate \$0.725

For all columns except total miles, BOARD POLICY states you must have an original itemized receipt attached for reimbursement. Credit card receipts alone are not sufficient. Under no circumstance will staff members be reimbursed for the purchase of alcoholic beverages. Itemize request and provide both the destination and purpose. Failure to complete correctly may delay your reimbursement.

DATE	DESTINATION & PURPOSE	HOTEL	MEALS*	PARKING	REGIS	MISC	MILES
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				
			☐				
TOTAL	(front & back)						

Total Miles x \$0.725 = _____

Total cost _____

FUND	FUNC	OBJ	SCC	SUBJ	OU	UNENCUMBERED	AMOUNT

I hereby certify, to the best of my knowledge the above expense report is correct in every way and are in accordance with Board policy.

Submitted by _____

Date _____

(I certify that if I use my personal vehicle on school business, I have and I am maintaining a policy of liability insurance adequate to meet the minimum requirement of Ohio Law)

Approved by _____
Supervisor Date

Approved by _____
Treasurer Date

Approved by _____
Superintendent Date

*Meals are taxable and included on your W2 unless otherwise indicated by checking the box next to the expense

Meal reimbursement is a taxable benefit unless it meets one of following IRS exceptions:

1. The approved professional training is out of the area and requires an overnight stay
2. Actual business meeting where two or more individuals having a meal while conducting district business (provide brief description)

