

# Brookfield Public Schools

## 2023 A/P Expense Reimbursement Form

Employee Name: \_\_\_\_\_

School / Dept: \_\_\_\_\_

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

Purchase Order #: \_\_\_\_\_

Budget Account #: \_\_\_\_\_

DATE	DESCRIPTION	TOTAL

**TOTAL REIMBURSEMENT**

Note: Standard Mileage Rate for Business effective Jan. 01, 2023 = 65.5 cents per mile  
**Don't forget to attach receipts and Google Map**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized By:

\_\_\_\_\_  
Date