

TO BE COMPLETED PRIOR TO TRANSACTION

### Bear Valley Unified School's Expense Reimbursement Pre-approval

See Bear Valley AR4133 for specific limits.

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

\_\_\_\_\_  
Date

#### Estimated Expense Items

Mileage (total miles x IRS Rate)      \$ \_\_\_\_\_

Meals      \$ \_\_\_\_\_

Hotels      \$ \_\_\_\_\_

Taxi/Transportation      \$ \_\_\_\_\_

Parking      \$ \_\_\_\_\_

Materials/Equipment      \$ \_\_\_\_\_

Registration      \$ \_\_\_\_\_

Misc.      \$ \_\_\_\_\_

***Estimated total cost:***      \$ \_\_\_\_\_

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

Expenses not previously approved, or in excess of approved amount,  
are the responsibility of the employee, and may not be reimbursed.

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Total amount authorized for expense reimbursement: \$ \_\_\_\_\_

\_\_\_\_\_  
PRE-APPROVED – Principal or Dept. Head

\_\_\_\_\_  
DATE

Orig: To be attached by employee to Expense Reimbursement Form  
Copy: To principal