

**TUSCUMBIA CITY SCHOOLS**  
**303 North Commons Street, East**  
**Tuscumbia, AL 35674**  
**PHONE: (256) 389-2900 FAX: (256) 389-2903**

**EXPENSE FORM**

Name \_\_\_\_\_

Description of Service or Purpose of Trip and Destination: \_\_\_\_\_

Date(s) Service(s) Performed: \_\_\_\_\_, 20\_\_\_\_\_

**EXPENSES**

(a) Travel:

<u>Auto:</u> From _____ to _____	Employee Reimbursable Expense	School Credit Card Expense
From _____ to _____		

TOTAL NUMBER OF MILES _____ @ \$ _____ P/M -	\$ _____	\$ _____
--	----------	----------

or Gas Receipts Total (cannot claim this and mileage) -	\$ _____	\$ _____
---	----------	----------

<u>Air:</u> From _____ to _____		
---------------------------------	--	--

And return _____ -	\$ _____	\$ _____
--------------------	----------	----------

(b) Lodging: Motel or Hotel (No. of Nights)* _____ -	\$ _____	\$ _____
--	----------	----------

(c) Meals: (Number)* _____ -	\$ _____	\$ _____
------------------------------	----------	----------

(d) Registration Fees* _____ -	\$ _____	\$ _____
--------------------------------	----------	----------

(e) Other Expenses (itemize)* _____ -	\$ _____	\$ _____
---------------------------------------	----------	----------

(f) Per Diem _____ -	\$ _____	\$ _____
----------------------	----------	----------

<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>
--------------	-----------------	-----------------

***\*Note: Please attach an agenda, bill(s) or receipt(s) to verify claims.***

I certify that the above is correct and due for services performed or travel reimbursement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Principal's or Superintendent's Signature