



**KARNS CITY AREA SCHOOL DISTRICT
Itemized Expense Report**

NAME _____ DEPARTMENT _____

DESTINATION _____ DATES _____

PURPOSE _____

PLEASE REFER TO POLICY #331 REGARDING JOB RELATED EXPENSES

| <i>Date</i> | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---------------|---------------|----------------|------------------|-----------------|---------------|-----------------|
| Breakfast Individual w/tip | | | | | | | |
| **Lunch Individual w/tip | | | | | | | |
| Dinner Individual w/tip | | | | | | | |
| *Business Meals/group functions | | | | | | | |
| Hotel/Motel | | | | | | | |
| Plane/Train Explain 1 st class | | | | | | | |
| Automobile IRS Rate | | | | | | | |
| Baggage Handling/Tips | | | | | | | |
| Registration fees | | | | | | | |
| Parking fees | | | | | | | |
| Turnpike Fees - Tolls | | | | | | | |
| Telephone | | | | | | | |
| *Other | | | | | | | |
| TOTALS: | | | | | | | |
| GRAND TOTAL | | | | | | | \$ |
| Auto Mileage | | | | | | | |

**Lunch – overnight travel OR if required by the meeting and not included in registration fee OR travel w/district student.

EXPLAIN ITEMS MARKED (*) and any unusual items that may be questioned: _____

REMARKS: _____

Employee signature

Authorized signature

Date: _____