

EXPENSE REPORT (DISTRICT TRAVEL)

Name _____ Date: From _____ To _____, Inclusive

Event _____ Location _____

Item	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total
Hotel								
Breakfast								
Lunch								
Dinner								
Registration Fees								
Taxicabs-Local Bus								
Parking								
Turnpike Tolls								
*Auto Mileage (from below)								
Railroad/Air/Bus Fares								
Totals								

Breakdown of Auto Mileage

Odometer Readings

Ending								
Beginning								
Mileage Rate								
*Total (transfer to Auto Mileage above)								

PLEASE ATTACH RECEIPTS AND A COMPLETED PURCHASE ORDER

Amount Due Employee _____

Employee _____

Principal/Supervisor _____

Treasurer _____