

**HOLDEN R-III SCHOOL DISTRICT
EXPENSE STATEMENT
(Revised 8/2022)**

NAME: _____ DATE: _____

Purpose of Travel:

Destination: _____

Number of Miles: _____ @ \$0.55 cents = \$ _____

Meals: (Meal reimbursement will be at a maximum rate of \$20 per day, and only if the employee is required to stay overnight. Meal reimbursement for employees attending one day meetings will be at a maximum rate of \$10 for the day.)

\$ _____

Rooms:

\$ _____

Other Expenses:

\$ _____

TOTAL

\$ _____

Approved:

Approved:

Principal

Superintendent

Comments:

BUDGET CODE: _____

Directions for Expense Statements:

1. Expense statement must be submitted after trip is complete
2. Attached all receipts to back of form
3. "Other Expenses" covers expense of extra service on school business, with explanation

Received: _____ **Posted:** _____