

## Newport Independent Schools Travel Expense Report for Professional Leave

Name: \_\_\_\_\_

Building: \_\_\_\_\_

Conference or Meeting Title: \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

Location of Trip: \_\_\_\_\_

Funding Codes: \_\_\_\_\_

Per Mile Reimbursement \_\_\_\_\_

Total Reimbursement Due  

**The person submitting this report is responsible for the following:**

- \*Paying all expenses
- \*Obtaining receipts for any expenses that require a receipt
- \*Filing this detailed accounting
- \*Submitting hotel receipts is required anytime you spend the night

*MEALS ARE PER DIEM							
Date of Expenses (MM/DD/YY)	Breakfast (\$15)	Lunch (\$20)	Dinner (\$30)	Miles Per Day	Mileage Reimbursement	Other Travel Expenses	Total Expenses
						<b>Use table below for other</b>	

**MUST PROVIDE RECEIPTS FOR OTHER EXPENSES  
\*DATES MUST MATCH THE RECEIPTS \***

**Itemized Expenses or Description of "Other" (1 Expense Per line)**

Date of Expenses (MM/DD/YY)	Description	Amount
Total of Other Travel Expenses		

Applicant's Signature: \_\_\_\_\_

Funding Source Director Approval: \_\_\_\_\_

Funding Source Director Approval: \_\_\_\_\_