

Travel Expenditure/Reimbursement Form

Name:

Position/Dept.:

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Address:

City, State ZIP:

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Destination/Purpose:

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Mileage

Date (MM/DD/YY)

Day

Mileage

TOTAL

.67 per mile

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Meals

Date (MM/DD/YY)

Day

Breakfast

Lunch

Dinner

TOTAL

Reimbursable Lodging

Date (MM/DD/YY)

Day

Cost per night

TOTAL

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Hotel:

***for reimbursement purposes only**

(Please attach a copy of hotel invoice showing expenses)

Miscellaneous

Date (MM/DD/YY)

Day

Gas

Taxi/Tolls/Parking

Air/Bus Fare

Telephone/Fax

Baggage/Handling

TOTAL

I certify the above to be a correct statement of my official mileage and expenses for the dates specified within.

Signed:

Traveler/Payee

Date

Signed:

Department Head

Date

Approval:

Director Of Schools

Date

Account #

TOTAL
Due

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