

Gallipolis City Schools

EXPENSE REPORT

FOR PROFESSIONAL MEETING OR ACTIVITY

TO: **BUILDING PRINCIPAL/SUPERVISOR**

FROM: _____

CURRENT DATE: _____

LOCATION OF MEETING OR ACTIVITY: _____

DESCRIPTION OF MEETING OR ACTIVITY

MILEAGE: ____ MILES @ IRS RATE = 67¢ PER MILE ----- = ____

(ATTACH RECEIPTS) LODGING: ____ NIGHTS @ \$____ PER NIGHT ----- = ____

(ATTACH RECEIPTS) MEALS: ----- = ____

(ATTACH RECEIPTS) REGISTRATION: ----- = ____

(ITEMIZE AND ATTACH RECEIPTS) OTHER: _____ = ____

_____ = ____

_____ = ____

TOTAL = ____

PO# _____