

Travel Expenditure/Reimbursement Form

Name:	Position/Dept.:

Address:	City, State ZIP:

Destination/Purpose:

Mileage		TOTAL								
Date (MM/DD/YY)	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
Day	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								.67 per mile	
Mileage	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

Meals		TOTAL								
Date (MM/DD/YY)	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
Day	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
Breakfast	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	
Lunch	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	
Dinner	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

Reimbursable Lodging		TOTAL								
Date (MM/DD/YY)	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
Day	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
Cost per night	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

Hotel:	<table border="1" style="width: 100%;"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
	(Please attach a copy of hotel invoice showing expenses)			

***for reimbursement purposes only**

Miscellaneous		TOTAL								
Date (MM/DD/YY)	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
Day	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
Gas	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	
Taxi/Tolls/Parking	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	
Air/Bus Fare	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	
Telephone/Fax	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	
Baggage/Handling	<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

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

\$
