

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%; border-collapse: collapse;"> <tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> <tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>																	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; background-color: yellow;">.67 per mile</td> </tr> <tr> <td style="height: 20px;"></td> </tr> </table>	.67 per mile	
.67 per mile																				
Day																				
Mileage																				

Meals		TOTAL																			
Date (MM/DD/YY)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> <tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>																	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>			
Day																					
Breakfast																					
Lunch																					
Dinner																					

Reimbursable Lodging		TOTAL																	
Date (MM/DD/YY)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> <tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>																	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table>	
Day																			
Cost per night																			

Hotel:		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></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%; border-collapse: collapse;"> <tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> <tr><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr> </table>																	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>					
Day																							
Gas																							
Taxi/Tolls/Parking																							
Air/Bus Fare																							
Telephone/Fax																							
Baggage/Handling																							
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
\$