UNION GROVE INDEPENDENT SCHOOL DISTRICT TRAVEL& EXPENSE REIMBURSEMENT REPORT

Name:						Campus/Department:			
Conference/Function:					_	Location:			
Departure:	_					Return:			
		(date)		(time))		(date)		(time)
								- - -	
Accoun					ccount Numbe	Number(s)			
MUST	ATTACE	I DOCUME			ERENCE/FU ENT FOR TI		TTENDED A	AND REQUE	STING
ACTUAL I	EXPENDIT	<u> FURES</u>							
REGISTRATION:						Registration Paid			
• Electronic	mapping so ut the drivi	ource (such	as that on htt		quest.com/ or attach them to			service). The	traveler
Gasoline (if		ol vehicle)					- -		
							Total Transp	ortation	
MEALS		Must	attach itemiz		ipts clearly ma ernight travel o				eceipt.
1,12,12,5	Date:			(11111111111111111111111111111111111111]
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Breakfast									1
Lunch	(\$12)								
Dinner	(\$18)		1			<u> </u>	Total Meals	1	
Miscellaneo	ous ¹	Must attach	receipt						
Name of Store/Vendor						Dates		Amount]
						Total Misc.			
Signature of Employee Date					-	TOTAL EXPENSES			
Signature of	f Principal/S	Supervisor		Date	-				