



Sheffield – Sheffield Lake City School District Travel Expense Report

Date of submission:								
Employee Name & School Building:								
Address:								
City/State/Zip:								
Meeting Location and Date(s) of Meeting:								
Purchase Order #:								
Item	Sunday Date	Monday Date	Tuesday Date	Wednesday Date	Thursday Date	Friday Date	Saturday Date	Totals
Breakfast								
Lunch								
Dinner								
Hotel								
Parking & Tolls								
ATTACH ALL RECEIPTS							Subtotal	
Amount of Registration Pre-Paid by Employee						Amount of registration to be reimbursed to employee		
Total amount of travel expenses to be reimbursed								

I certify that claims for reimbursement listed herein are true, that the mileage listed was driven on school business, and that the expenses incurred were in accordance with school board policies and/or administrative regulations.

Employee Signature	X	Date:
Professional Development	X	Date:
Superintendent Signature	X	Date:

**Note: To be reimbursed for your mileage, please fill out a Mileage Reimbursement Form.*