

WEST BONNER COUNTY SCHOOL DISTRICT #83
TRAVEL EXPENSE FORM

Employee Name: _____

Conference/Meeting: _____

Destination: _____

Dates of Leave: _____ to _____

Beginning Time of Trip: _____ Ending Time of Trip: _____

MEAL DETAILS

No receipt No reimbursement

Date	Breakfast (max \$13.00)	Lunch (max \$15.00)	Dinner (max \$26.00)	Total

EXPENSE SUMMARY

No receipt No reimbursement

Meals (Record Total Here) \$ _____

Lodging \$ _____

Mileage: _____ Miles @.70 per mile for all other staff \$ _____

Other Transportation: Specify _____ \$ _____

Other Expenses: Specify _____ \$ _____

TOTAL \$ _____

I hereby certify that this is a true and correct claim for necessary expenses incurred and for which have not been reimbursed in any form.

Signature

APPROVED BY:

Principal/Supervisor

Date

Superintendent

Date

Charge Code: _____