

**ELIDA LOCAL SCHOOLS
ITEMIZED EXPENSE & TRAVEL REPORT**

Building _____ Month _____ Year _____

Name of Professional Meeting _____

Dates of Conference or Meeting _____ Location _____

| DAY OF MONTH | ORIGIN OF TRIP | DESTINATION | TOTAL MILEAGE |
|--------------|----------------|-------------|---------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| 26 | | | |
| 27 | | | |
| 28 | | | |
| 29 | | | |
| 30 | | | |
| 31 | | | |
| | | TOTAL MILES | |

| | |
|--|----|
| Reimbursement @ .725¢ per mile – Total Amount Due | \$ |
| Registration Fees (If not paid by employer) | \$ |
| Other Transportation (Train, plane, bus, etc.) | \$ |
| Hotel-Motel (Original bill must be attached) | \$ |
| Meals and Miscellaneous (Itemized Receipts attached) | \$ |
| TOTAL | \$ |

Employee's Signature _____ Printed Name _____

Principal's Signature _____ Date _____

Treasurer's Signature _____ Date _____ Amt. Approved \$ _____

Central Office Use Only: Account # _____