Gallipolis City School District

EXPENSE REPORT

FOR PROFESSIONAL MEETING OR ACTIVITY

TO: **BUILDING PRINCIPAL/SUPERVISOR**

FROM: _____

CURRENT DATE: _____

LOCATION OF MEETING OR ACTIVITY: _____

DESCRIPTION OF MEETING OR ACTIVITY

_____

_____

_____

_____

MILEAGE: _____ MILES @ IRS RATE = 76¢ PER MILE =_____ = _____

(ATTACH RECEIPTS) LODGING: _____ NIGHTS @ $_____ PER NIGHT_____ = _____

(ATTACH RECEIPTS) MEALS: _____ = _____

(ATTACH RECEIPTS) REGISTRATION:_____ = _____

(ITEMIZE AND OTHER:_____ = _____

ATTACH RECEIPTS): _____

PO #_____ **TOTAL** = _____

Revised 7/1/26