



EXPENSE REPORT

NAME _____ PO# _____ DATE FILED _____

*Note: Forms should be submitted 15 days after leave has occurred. Receipts must be attached for each expense claimed.
No tips or sales tax may be included for reimbursement.*

20 ____ MONTH DAY	TRAVEL POINT	PURPOSE OF TRIP Other explanatory remarks	MILEAGE Or FARE	<u>M E A L S</u>			LODGING	OTHER EXPENSE (Explain)
				BREAK.	LUNCH	DINNER		
TOTALS								

Use of car on school business
 _____ net miles @ .585 \$ _____
 Other travel fares \$ _____
 Meals, Lodging, Other \$ _____

If you did not attend this meeting, please mark the yellow P.O. "CANCEL", sign, date and return it to, ACCOUNTS PAYABLE.

TOTAL EXPENSE THIS REPORT \$ _____

I certify that the expenses shown were incurred on Board of Education business, and I have attached required receipts.

Signature of Employee

Signature of Principal

Approved by Superintendent