

EXPENSE REPORT (2024)

School _____

Week Ended _____

Date of Departure	Date of Return	Name of Convention or Reason for Meeting						Location
Travel Expenses	Date _____ Sunday	Date _____ Monday	Date _____ Tuesday	Date _____ Wednesday	Date _____ Thursday	Date _____ Friday	Date _____ Saturday	
Registration Fees	\$	\$	\$	\$	\$	\$	\$	
Meals - Breakfast	\$	\$	\$	\$	\$	\$	\$	
- Lunch	\$	\$	\$	\$	\$	\$	\$	
- Dinner	\$	\$	\$	\$	\$	\$	\$	
Lodging	\$	\$	\$	\$	\$	\$	\$	
Misc. Expenses – Ex.: airfare, tolls, parking, internet, etc. (Please itemize)	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	
Mileage: # of miles x \$.67	_____ x .67 \$	_____ x .67 \$	_____ x .67 \$	_____ x .67 \$	_____ x .67 \$	_____ x .67 \$	_____ x .67 \$	
Total Expenses/Day	\$	\$	\$	\$	\$	\$	\$	

Grand Total of All Expenses \$ _____

My signature certifies that this is an accurate record of expenses incurred.

Instructions: Receipts for all expenses other than mileage must be included. Tax on meals may be included as an authorized expense. Personal calls, tips, and gratuities may not be included.

Submitted by: _____
Employee's Signature

Also Print Name

Current Expense Limits:
Allowance for meals not covered by meetings are as follows:

- Breakfast - \$10
- Lunch - \$12
- Dinner - \$20

Supervisor's Approval: _____

Treasurer's Approval: _____

Superintendent's Approval: _____