

TRAVEL EXPENSE ACCOUNT

Request for Reimbursement

The information below and the statement on the reverse side must be completely filled in by the payee prior to signature.

 Name of Employee

 Street Address

 City, State, and Zip Code

NOTE	
⊕	Receipts must be attached for hotel, parking, airline tickets, and registration.
⊕	No meals may be charged for in-parish travel.
⊕	Executed daily expense forms must be attached.
⊕	ODOMETER READINGS ARE REQUIRED. (See Reverse Side.)

EXPENSE SUMMARY				
TRANSPORTATION	Airline, etc.	\$	TOTAL Transportation Costs	
	Auto mi. @ /mi.	\$		
	Incidentals (cabs, etc.)	\$		
			↙	
SUBSISTENCE	Lodging	\$	TOTAL Subsistence Costs	\$
	Meals	\$		
			↙	
TRAVEL DATE/TIME	Start Date/Time		End Date/Time	
TOLLS AND PARKING				\$
TIPS				\$
OTHER EXPENSES	Praxis or Tuition Reimbursement			\$

TOTAL REIMBURSABLE COSTS	\$
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CERTIFICATE OF PAYEE

I certify that this expense account is complete and accurate in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only; that the expenses charged were incurred on official business of the school board and none of the expenses have been paid by the school board; and that the full amount is justly due.

Signature of Payee
Title or Position
Official Domicile

APPROVAL

Signature
Title or Position
Date

