

TRAVEL EXPENSE REPORT

Check Number

Name of Claimant (Print) _____ (23)

School or Department _____

Location or Street Address _____ (27)
(Fill in below if check is to be mailed)

CHECK ONE:

- TRAVEL EXPENSE REPORT
 TRAVEL ADVANCE REQUEST

Month _____ Year _____

City _____ (15) State _____ (2) Zip Code _____ (5)

Charge to Budget Account _____

Day of Month	Purpose of trip	Point of Origin	List All Stops in Between	Destination	Total Trip Miles	Times Cents Per Mile	OTHER EXPENDITURES (Receipts Attached)				Day's Total	
							Meals	Lodging	Other			
									Explanation	Amount		
					TOTAL EXPENSES						\$	\$

In consideration of auto mileage reimbursement by the District, I agree to indemnify the District for any and all costs, liabilities, and/or expenditures of the District (including Attorney's fees) which may arise from my present or future failure to comply with the liability insurance policies and regulations of the District relating to private automobile usage as stated in the District's Travel Policy.

I also certify that the above is a correct record of automobile mileage on school business and other expenditures related to authorized School District travel.

ADMINISTRATIVE APPROVALS

APPROVED BY: PRINCIPAL OR SUPERVISOR (See Instructions): _____ Date _____

APPROVED BY: SUPERINTENDENT (See Instructions): _____ Date _____

CASH ADVANCED, DISTRICT CHECK NO. _____ \$
NET AMOUNT DUE DISTRICT \$
NET AMOUNT DUE TRAVELER \$

SIGNATURE OF CLAIMANT _____
TITLE _____ DATE _____

Audited by _____ Date _____ Date Returned to Origin _____

DISTRIBUTION
White - Dist. Office
Yellow - Prin. Office
Pink - Traveler - Retention Copy