

REPORT SUBMITTED BY:

Name: _____

Address: _____

School: _____

| <i>Reason for Travel Expense (check one)</i> | <i>Location</i> | <i>Date(s)</i> |
|--|-----------------|----------------|
| _____ Inservice Meetings | _____ | _____ |
| _____ Teachers' Convention | _____ | _____ |
| _____ New Teacher Orientation | _____ | _____ |
| _____ Principals' Meetings | _____ | _____ |
| _____ K-12 Board of Education | _____ | _____ |

TRAVEL EXPENSE

Car mileage from _____ to _____

| | | |
|--|-------------|--|
| 1-Miles Traveled | _____ Miles | (This column is for office use only) @ .40 cents per mile \$ _____ |
| 2-Number of Meals | _____ | \$ _____ |
| 3-Lodging (Receipts required) | Attached | \$ _____ |
| 4-Total | | \$ _____ |

Approved by: _____ Date _____

(Superintendent of Schools)