

TRAVEL EXPENSE TABULATION SHEET

NAME: _____ DATE _____

1. Dates of Travel: _____
2. Purpose of travel _____
3. Location of meeting/event _____
4. Hotel _____ # of Nights x Rate _____ = Total \$ _____
(Only if Hotel was paid by Employee, please do not include if prepaid by District)
5. Per Diem: # of Days _____ @ rate per day _____ = Total \$ _____
6. Personal auto expense: # Miles _____ x (.51) per mile = Total \$ _____
(Mileage is not paid when you use a District Vehicle and must be pre approved)
7. Public transportation: \$ _____ = Total \$ _____
8. Conference registration \$ _____ = Total \$ _____
(If conference was prepaid by District, do not include)
9. Other expenses (Explain and attach receipt)

_____ \$ _____

_____ \$ _____

Total Expense Claimed \$ _____

Supervisor Approval: _____ Date: _____

Superintendent: _____

EMPLOYEES

STUDENTS

Breakfast	\$6.50	Breakfast	\$5.00
Lunch	\$8.00	Lunch	\$6.00
Dinner	\$9.50	Dinner	\$7.00

Hotel: \$95.00 a night
Mileage: \$.51 a mile

****All Documentation must be Dated, Legible, and Attached to be paid in full****