# *EXPENSE REPORT*

**POCAHONTAS PUBLIC SCHOOL**
**2300 NORTH PARK**
**POCAHONTAS, AR 72455**
**Tel: (870)892-4573 FAX: (870) 892-8857**

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**EMPLOYEE'S NAME _____ DATE: _____**
**TYPE OF MEETING _____ MEETING LOCATION: _____**

| DATES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | MON | TUES | WED | THU | FRI | SAT | SUN | TOTAL |
| BREAKFAST | | | | | | | | |
| LUNCH | | | | | | | | |
| DINNER | | | | | | | | |
| LODGING | | | | | | | | |
| TELEPHONE | | | | | | | | |
| CAR RENTAL, TAXI, BUS | | | | | | | | |
| PARKING OR TOWING | | | | | | | | |
| FUEL | | | | | | | | |
| AIRFARE | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | TOTAL | $ |

**OTHER EXPENSES:**

| DATE | DESCRIPTION | AMOUNT |
|---|---|---|
| | | |
| | | |
| | | |
| | TOTAL | $ |

| GRAND TOTAL | $ |
|---|---|

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***EXPENSE REPORT WITH DETAILED RECEIPTS/INVOICES ATTACHED MUST BE SUBMITTED TO THE CENTRAL OFFICE WITHIN 30 DAYS OF THE ACTIVITY.***

**REIMBURSEMENT IS FOR SCHOOL EMPLOYEE EXPENSES ONLY. WHEN AN EMPLOYEE IS ON AN OVERNIGHT TRIP, THE DISTRICT WILL REIMBURSE HOTEL/MOTEL COST ONLY (PHONE COST, MOVIES, ROOM SERVICE, TIPS UP BEYOND 15% OF MEAL COST, ETC. ARE NOT REIMBURSABLE EXPENSES). FOR IN-STATE TRAVEL, THE DISTRICT WILL PAY FOR MEAL COSTS AS FOLLOWS: BREAKFAST $8.OO, LUNCH $12.00, DINNER $18.00. ANY MEAL EXPENSES EXCLUDING THE AMOUNT LISTED WILL BE THE RESPONSIBILITY OF THE EMPLOYEES (MEAL COST CANNOT BE COMBINED). DETAILED RECEIPTS MUST BE TURNED IN. FOR OUT-OF-STATE MEAL EXPENSES: BREAKFAST $10, LUNCH $15, DINNER $22.50.**

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**EMPLOYEE SIGNATURE** **APPROVED BY**