

EXPENSE RECORD

NORTHEAST COLORADO BOCES | PO BOX 98 | HAXTUN, CO 80731

NAME: _____

POSITION: _____

DATE: _____

ADDRESS: _____

CHECK ONE: ☐ ADVANCE

☐ REIMBURSEMENT

AMOUNT - INCLUDE RECEIPTS

MATERIALS EXPENSE

EQUIPMENT EXPENSE

MEALS EXPENSE MAXIMUM REIMBURSEMENT AMOUNT - \$43.00 PER DAY
(\$10.00-BREAKFAST, \$15.00-LUNCH, \$18.00-DINNER)

LODGING EXPENSE - PER DIEM -

\$120.00 PER NIGHT SINGLE BOCES EMPLOYEE
\$175 PER NIGHT TWO BOCES EMPLOYEES
(In one room payable to one employee)

OTHER EXPENSE - EXPLAIN

TOTAL REQUESTED

PURPOSE OF EXPENSE (PLEASE DESCRIBE) GIVE DATES AND LOCATION

ACCOUNT TO BE CHARGED

P DATE _____

BUDGET CODE(S) _____

A _____

I CHECK # _____

D _____

INVOICE# _____

Signed: _____

Project Director

Date Signed: _____

Signed: _____

Executive Director

Date Signed: _____