

UNIFIED SCHOOL DISTRICT NO. 362 PRAIRIE VIEW

Miscellaneous/Travel Expense Report

Payable to: _____

From: _____ 20__ To _____ 20__

				Mileage				Room	Other
Date	Destination	Purpose	Miles	@ \$0.56	Meals	Tolls	Parking	Attach Receipt	Explain Amt
Totals from		Other side							
Totals from		This page							

I certify that the above expense was necessary to the public
 Business of Prairie View USD 362 and that I have made payment therefor,
 And I have not been or will not be reimbursed therefor from any other source,
 And that the expense listed hereon is, to the best of my knowledge and belief, correct.

Total Expense _____

Less Advances _____

 Signature of Claimant Date

Balance Due _____ Date Paid _____

Approved _____
 Administrator/Supervisor

Pymt Approved _____ Check No. _____

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