**CLERMONT COUNTY EDUCATIONAL SERVICE CENTER**

**PROFESSIONAL EXPENSE STATEMENT**

Name of Meeting/Seminar Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If paid by grant, please name Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **TRANSPORTATION** | **PERSONAL AUTO** | **ONLY REPORT FIGURES FOR WHICH YOU ARE TO BE REIMBURSED** |
| DATE | FROM | TO | MILES |  | TOTAL | LODGING | MEALS | PARKING/TOLLS | MEETING/SEMINAR FEES | OTHER (DETAIL BELOW) | TOTAL |
|  |  |  |  | x .545 |  |  |  |  |  |  |  |  |
|  |  |  |  | x .545 |  |  |  |  |  |  |  |  |
|  |  |  |  | x .545 |  |  |  |  |  |  |  |  |
|  |  |  |  | x .545 |  |  |  |  |  |  |  |  |
|  |  |  |  | x .545 |  |  |  |  |  |  |  |  |
|  |  |  |  | x .545 |  |  |  |  |  |  |  |  |
|  |  |  |  | x .545 |  |  |  |  |  |  |  |  |
|  |  |  |  | x .545 |  |  |  |  |  |  |  |  |
|  |  |  |  | x .545 |  |  |  |  |  |  |  |  |
|  |  |  |  | x .545 |  |  |  |  |  |  |  |  |
|  | COLUMN TOTALS |  |  |  |  |  |  |  |  |  |  |
| Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  | MEALS WILL BE REIMBURSED, WITH A **DETAILED** RECEIPT, UP TO $35/DAY. TIPS WILL BE REIMBURSED UP TO 15%. ALCOHOLIC BEVERAGES ARE NOT REIMBURSEABLE. |  |  |  | GRAND TOTAL |  |  |

12/17

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