

Claremore Public Schools Employee Travel Expense Report Form

Employee:	Site:	Date:
Purpose of Expenses: Travel Reimbursement		
Conference:		Location:
Travel Dates: Depart:		Return:

Reimbursable Expenses: (Receipts must be attached.)

Date (Mo/Day/Yr)	Breakfast	Lunch (include tip)	Dinner	Total Meals	Hotel	Auto Rental	Airfare	Taxi	Parking/ Tolls	Mileage		Other Expenses		Total
										Miles	Rate 0.535	Cost	Description	
													Registration	
Reimbursable Expenses Due Employee														

PO # _____ **(Purchase order should be issued before travel.)**

Account number:	\$	Travel
	\$	Other (books purchased, etc.)
	\$	Registration

Signature of Employee	Expenses approved by: Name (signature)	Title
Date	Date	