

Grandview R-II School District  
Trip Expense Report

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Purpose of Trip/Workshop Name: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Trip/Workshop Approved by: \_\_\_\_\_

Mileage: \_\_\_\_\_ X \$ **0.575** per mile = \$ \_\_\_\_\_

Meal Expense (please attach receipts): \_\_\_\_\_

Lodging Expense (please attach receipts): \_\_\_\_\_

Other Expenses (please attach receipts): \_\_\_\_\_

**Receipts must be submitted for meals, lodging, and other expenses.  
If trip is not approved by Superintendent no expenses will be  
reimbursed.**