UNIFIED SCHOOL DISTRICT NO. 362 PRAIRIE VIEW

Miscellaneous/Travel Expense Report

Payable to: _____ From: _____20____ To _____20____

				Mileage				Room	Other
Date	Destination	Purpose	Miles	@ $0.575	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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UNIFIED SCHOOL DISTRICT NO. 362 PRAIRIE VIEW

Travel Expense Report

				Mileage				Room	Other
Date	Destination	Purpose	Miles	@ $0.575	Meals	Tolls	Parking	Attach Receipt	Explain Amt