

TRAVEL EXPENSE TABULATION SHEET

NAME: _____ DATE _____

- 1 Dates of Travel _____
- 2 Purpose of travel _____
- 3 Location of meeting/event _____
- 4 Hotel _____ # of Nights x Rate _____ = Total \$ _____
(Only if Hotel was paid by Employee, please do not include if prepaid by District)
- 5 Per Diem # of Days _____ @ rate per day _____ = Total \$ _____
- 6 Personal auto expense # Miles _____ x (51) per mile = Total \$ _____
(Mileage is not paid when you use a District Vehicle and must be pre approved)
- 7 Public transportation \$ _____ = Total \$ _____
- 8 Conference registration \$ _____ = Total \$ _____
(If conference was prepaid by District, do not include)
- 9 Other expenses (Explain and attach receipt)

_____ \$ _____

_____ \$ _____

Total Expense Claimed \$ _____

Supervisor Approval

_____ Date _____

Superintendent _____

EMPLOYEES

Breakfast \$6.50
Lunch \$8.00
Dinner \$9.50

STUDENTS

Breakfast \$5.00
Lunch \$6.00
Dinner \$7.00

Hotel \$95.00 a night
Mileage \$ 51 a mile

****All Documentation must be Dated, Legible, and Attached to be paid in full****

