

**TRAVEL
 EXPENSE STATEMENT**

NAME: _____ BUILDING LOCATION: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL FOR WEEK
DATE:								

I. TRANSPORTATION								
A. AUTO, _____ miles at \$.505 per mile								
B. PLANE _____, BUS _____, TRAIN _____, RIDING w/ _____, OTHER _____, DIST. CAR _____	*							
C. THRUWAY TOLLS	*							
D. OTHER TOLLS AND PARKING FEES	*							
E. TRANSPORTATION CHARGES TO & FROM AIRPORT	*							

II. LODGING & MEALS								
A. AMERICAN PLAN (room and meals combined)	*							
B. EUROPEAN PLAN (hotel expenses)	*							
C. MEALS (details required for claim) maximum: breakfast - \$9 (\$12 in high cost area) lunch - \$13 (\$17 in high cost area) dinner - \$24 (\$30 in high cost area)	B							
	L							
	D							

III. OTHER EXPENSES								
A. REGISTRATION FEE, ETC.	*							
B. OTHER (explain)	*							
TOTAL EXPENSES								Claim Total

REMARKS: * Receipts Required

CLAIMANT'S CERTIFICATION:

Sign this request for reimbursement after trip is completed and submit to the Accounts Payable Department with receipts and approved Request for Excused Absence.

I hereby certify that the above claim for reimbursement in the amount of \$_____ is true and correct and that the services charged were actually performed, delivered, or made within the dates stated; that the items are correct; that the sums charged are reasonable and just; that no part has been paid or reimbursed from other sources; that taxes from which the School District is exempt are not included; and that the amount claimed is actually due.

Signature

Mailing Address

Date