

QUITMAN SCHOOL DISTRICT
TRAVEL EXPENSE REPORT

Name of Employee _____ School _____

Date Departed _____ Date Returned _____

Conference Attended _____

Location _____

1. TRANSPORTATION: Method _____
(Must have receipt for travel other than personal auto.)
Total miles _____ @ \$.56/mile \$ _____
2. LODGING: **(Employee only – ITEMIZED receipt must be attached.)**
Number of nights _____ @ \$ _____ /night \$ _____
3. MEALS: **(When overnight stay is necessary)**
Number of nights _____ (in-state) @ \$35/day \$ _____
Number of nights _____ (out-of-state) @ \$45/day \$ _____
4. REGISTRATION FEE: **(Receipt must be attached.)** \$ _____
5. MISCELLANEOUS ITEMS: **(Receipts must be attached.)** \$ _____
(Taxi/shuttle fares)
6. TOTAL TRAVEL EXPENSE: - **Employee only** \$ _____
7. LESS ADVANCE (OR AMOUNT PAID BY DISTRICT) \$ _____
8. **BALANCE** \$ _____

I certify that the above is a true and correct statement of actual expenses incurred by me for travel as approved for official school business.

DATE _____ EMPLOYEE'S SIGNATURE _____

DATE _____ SUPERVISOR'S SIGNATURE _____

DATE _____ SUPERINTENDENT'S SIGNATURE _____

BUDGET ACCOUNT NUMBER TO BE CHARGED _____