

TRAVEL EXPENSE REPORT

FY 2014-2015

(NAME-PLEASE PRINT)

(SCHOOL HEALTH CENTER SITE)

Dates for which expenses were incurred _____ to _____

Time travel began _____ Time travel ended _____

The purpose of this travel (or expenditure) was _____

EXPENSE

Beginning Odometer Reading _____

Ending Odometer Reading _____

Total Mileage _____

Less: Unauthorized Mileage _____

Total Reported Mileage _____ @ \$.51/mile = \$ _____

LODGING (ATTACH ALL RECEIPTS)..... \$ _____

MEALS:	Tier I Instate	Tier II O/S + NOLA	Tier III High Cost	Tier IV
Breakfast: _____	@ \$ 9.00 = _____	@ \$10.00 = _____	@ \$12.00 = _____	@ \$13.00 = _____
Lunch: _____	@ \$13.00 = _____	@ \$15.00 = _____	@ \$17.00 = _____	@ \$19.00 = _____
Dinner: _____	@ \$24.00 = _____	@ \$29.00 = _____	@ \$31.00 = _____	@ \$33.00 = _____

TOTAL MEALS..... \$ _____

AIR/TRAIN/BUS TRAVEL (ATTACH ALL RECEIPTS)..... \$ _____

OTHER EXPENSES (IDENTIFY, i.e. Parking, Telephone, Registration, Postage etc. Include Receipts.)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL OF ALL REIMBURSEMENT DUE..... \$ _____

COMMENTS: _____

I hereby certify that these expenses were incurred in the official conduct of authorized activities. I further certify that said statement of expenses is true and correct to the best of my knowledge and belief.

Signature/Title