

# Port Townsend School District Travel Expense Report (Excludes Meals)

Name [print]: \_\_\_\_\_

PO #: \_\_\_\_\_

School / Program: \_\_\_\_\_

Trip Pre-Approved:  Yes /  No

Trip Dates: \_\_\_\_\_

Overnight Trip?  Yes /  No

**EXPENSE SUMMARY** (Paid ORIGINAL receipts required for lodging and other expenses):

Lodging: \_\_\_\_\_ \$ \_\_\_\_\_

Mileage: \_\_\_\_\_ miles @ \$0.585 per mile (note details below): \$ \_\_\_\_\_

Other Transportation – Specify: \_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses – Specify: \_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses – Specify: \_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses – Specify: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Reimbursement Requested:** \$ \_\_\_\_\_

**MILEAGE DETAILS**

Date	Starting Point	Destination	Miles Traveled	Purpose of Trip

OTHER TRANSPORTATION AND/OR LODGING DETAILS (Attach **ORIGINAL** Receipts)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that this is a true and correct claim for necessary expenses incurred and for which I have not been reimbursed in any form. Return to your Supervisor within 7 days of travel.

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Account Code to Charge: \_\_\_\_\_

Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_