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 @ $0.625 per mile (note details below):  $ ________________
- Other Transportation – Specify: ________________________________  $ ________________
- Other Expenses – Specify: ________________________________  $ ________________
- Other Expenses – Specify: ________________________________  $ ________________
- Other Expenses – Specify: ________________________________  $ ________________

Total Reimbursement Requested:  $ ________________

MILEAGE DETAILS

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<tr>
<th>Date</th>
<th>Starting Point</th>
<th>Destination</th>
<th>Miles Traveled</th>
<th>Purpose of Trip</th>
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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: ________________________________

Rev: 09-2022