

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

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: _____