

Independent School District 273 EMPLOYEE EXPENSE REPORT

Date	Description of Activity Workshop, classroom supplies, professional meeting, etc.	<u>Travel</u>		<u>Meals</u>			<u>Lodging</u> Attach receipts to back of form	<u>Other Expense</u> Attach receipts to back of form Airfare, auto rental, taxi, tips, etc.	
		Complete mileage log and attach		Attach receipts to back of form				Description	Amount
		From	To	B	L	D			
Totals: Enter on this line and in Summary.				\$	\$	\$	\$		\$

Name _____ Employee # _____
(Please print)

I hereby certify that these expenses are true, correct, pursuant to school district policies and procedures and that no other payment or reimbursement will be or has been received for these expenses.

Employee signature _____ Date _____

SUPERVISOR APPROVAL:

I hereby certify that the expenses covered by this claim have been incurred and are true, correct and pursuant to school district policies and procedures. Payment is recommended.

Signature _____ Title _____ Date _____

DISTRICT OFFICE OR OTHER APPROVAL

Signature _____ Title _____ Date _____

Fiscal Services Use Only

Receipts Attached
Extensions & Footings

PAYMENT APPROVED

Initial _____ Date _____

SUMMARY

Other expense \$ _____
 Lodging..... \$ _____
 Meals \$ _____
 Mileage (From log) _____ x _____ IRS Rate \$ _____
 TOTAL \$ _____
 Less District advance check # _____ (\$ _____)
 Due employee \$ _____
 Due district (Attach remittance) (\$ _____)

ACCOUNT CODING

FUND	ORG	PRG	FIN	OBJ	CRS	Amount
					-000	
					-000	
					-000	

