

WARREN COUNTY SCHOOLS

Conference Travel Reimbursement and Other Expenses

MUST BE FILED AT LEAST MONTHLY AND NOT LATER THAN 30 DAYS AFTER MONTH ENDS.

Payee (TYPE OR PRINT): _____ Employee ID: _____

Home Address: _____

School/Department: _____

PAYEE CERTIFICATION: This is a true and accurate statement of expenses incurred in discharging official business duties.

Signature: _____ Date: _____

APPROVAL: I certify that the expenses listed are necessary, proper, just and reasonable.

Approved By: _____ Date: _____
Principal/Supervisor

Period Covered by Travel From: _____ To: _____

TRAVEL (SHOW EACH CITY VISITED)		TRANSPORTATION		SUBSISTENCE		OTHER		TOTALS	
Date	From-To	Mode	Auto Miles	Amount	Type	In-State	Out-of-State	Explanation	TOTALS
					Breakfast				
					Lunch				
					Dinner				
					Hotel				
					Total:				
					Breakfast				
					Lunch				
					Dinner				
					Hotel				
					Total:				
					Breakfast				
					Lunch				
					Dinner				
					Hotel				
					Total:				
		TOTAL TRAN		\$	TOTAL SUB	\$	\$	TOTAL OTHER EXP	\$

TYPE OF SUBSISTENCE

MODE OF TRAVEL	MEALS	IN-STATE	OUT-OF-STATE	Total: _____
P-Privately owned auto	Breakfast			Account Codes: _____
A-Air	Lunch			_____
Mileage -	Dinner			_____
	Lodging			

Note: Original receipts must be attached for all expenditures, except meals. (Copies Not Accepted)

Finance Officer's Approval: _____ Date: _____

WARREN COUNTY SCHOOLS

		Miles	Amount	Type	In State	Out of State	Explanation	Totals
				Breakfast				
				Lunch				
				Dinner				
				Hotel				
				Total:				
				Breakfast				
				Lunch				
				Dinner				
				Hotel				
				Total:				
				Breakfast				
				Lunch				
				Dinner				
				Hotel				
				Total:				
				Breakfast				
				Lunch				
				Dinner				
				Hotel				
				Total:				
				Breakfast				
				Lunch				
				Dinner				
				Hotel				
				Total:				
				Breakfast				
				Lunch				
				Dinner				
				Hotel				
				Total:				
		TOTAL TRAN	\$	TOTAL SUB	\$	\$	TOTAL OTHER EXP	\$

TYPE OF SUBSISTENCE