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Name:]///	Forr	natted	(
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Conference or							port is responsible	tor the following.	ť/ //	Forr	natted	(
Meeting Title:						Il Expenses- Receipts for any exp	penses that require a	receipt	ť <i>II</i> /	Forr	natted	(
Date(s) of Trip:				<u> </u>	*Filing this	s detailed accounting		_	<i> </i> //	Forr	natted	(
Location of Trip:				<u> </u>	*Submittin	ig hotel receipts is rec	quired anytime you s	pend the night	<i> </i>	Forr	natted	(
Funding Source:									1////	Forr	natted	
Per Mile									∄ // ///	Forr	matted	(
Reimbursement:	\$0.40								-//////	Forr	natted	
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Date of Expenses	Breakfast	Lunch	Dinner			Mileage	Other Travel		₩ //	Forr	matted	(
(00/00/00)	(\$10)	(\$10)	(\$20)	Miles Per	Dav	Reimbursement	Expenses	Total Expenses	3//	Forr	matted	(
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MUST PRO	OVIDE RECEIPTS FOR O	THER EXPENSE	<u>.s</u>							Forr	natted	(
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Itemized Expens	ses or Description of "Othe	er" (1 Expense Pe	r line)						- //// ///	Forr	natted	(
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Date of Expenses (00/00/00)	<u>Descri</u>	<u>ption</u>	Amount	Applicant's Sig	gnature:		Date:		7\\ \\ \	Forr	matted	
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Page 1 of 3									IIII	₩	natted	(
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Formatted Formatted The person submitting this report is responsible for paying all expenses, obtaining receipts for all expenses, and filing this detailed accounting. Except for meals, which are paid on a per diem basis, receipts must be attached to this report. Reimbursement will not be made for expenses that do not include a receipt.

Expense Report for:		School:	
Purpose of Trip:			
Location (City/State):		Total Mileage	
Date(s) of Trip: From:	To:	Expenses Of:	Person(s)
Authorized By:	Charge T	0:	
(Professional Develope	nent, Gifted, S-T-W, T	echnology, TECH Prep, Genera	al Fund, Etc.)
*Daily Meal Limit is \$40.00			
(Meals are only reimbursed w	ith an overnight stay.)		

Enter Date								
	Sunday	Monday	Tuesda y	Wednesday	Thursda y	Friday	Saturday	Total
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Mileage								
At Mile								
Plane Fare								
(standard coach)								
Bus Fare								
Taxi								
Lodging (standard- room- /conference- rate)								

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Breakfast \$10.00*												Formatted: policytext
Lunch- \$10.00*											-	Formatted: policytext
Dinner \$20.00*											-	Formatted: policytext
Tips									+			Formatted: policytext
Registration									1			Formatted: policytext
Fees												
Material									-			Formatted: policytext
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Others												
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Balance due emp												
I certify the f	oregoing to	be a true,	, correct, an	d accurate stat	ement of ex	penses incu	irred by m e	e for the act	ivity covered by a	and during th	e+	Formatted: policytext, Space After: 0 pt
period shown	in this Rep	ort.										
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Employee Sig	nature De	ate									-	Formatted: policytext, Tab stops: Not at 3.56"
Approval	-Date											