

# 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			
Date	From-To	Mode	Auto Miles	Amount	Type	In-State	Out-of-State	Explanation	TOTALS
					Breakfast				
					Lunch				
					Dinner				
					Hotel				
					<b>Total:</b>				
					Breakfast				
					Lunch				
					Dinner				
					Hotel				
					<b>Total:</b>				
					Breakfast				
					Lunch				
					Dinner				
					Hotel				
					<b>Total:</b>				
			<b>TOTAL TRAN</b>	\$	<b>TOTAL SUB</b>	\$	\$	<b>TOTAL OTHER EXP</b>	\$

**TYPE OF SUBSISTENCE**

<b>MODE OF TRAVEL</b>	<b>MEALS</b>	<b>IN-STATE</b>	<b>OUT-OF-STATE</b>	<b>Total:</b> _____
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: \_\_\_\_\_

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

TYPE OF SUBSISTENCE