



# Sheffield-Sheffield Lake City Schools Travel Expense Report

Name (Last, First, Middle)		Building	
Address	City	State	Zip code

Destination and Purpose of Trip \_\_\_\_\_

PURCHASE ORDER NUMBER \_\_\_\_\_

ITEM	SUNDAY	MONDAY	TUESDAY	WED	THURSDAY	FRIDAY	SATURDAY	TOTALS
<b>MEALS NOT TO EXCEED \$50.00 per day</b>								
Breakfast								
Lunch								
Dinner								
Hotel								
Parking & Tolls								
Other-Specify								
<b>Sub Total</b>								

Total Miles Driven <input type="text"/>	Current IRS Mileage Rate <input type="text"/>	Total Mileage	\$
Amount of Registration Pre-paid on Prior	Amount of registration to be Reimbursed to Employee		\$
Total Amount of Travel Expenses to Be Reimbursed			\$

I certify that claims for reimbursement hereon is true, that the mileage listed was actually driven on school business, and that the expenses incurred were in accordance with school board policies and/or administrative regulations. **Receipts for the above are attached.**

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved by: \_\_\_\_\_

Superintendent

Date \_\_\_\_\_