RITZVILLE SCHOOL DISTRICT
TRAVEL EXPENSE FORM FOR SCHOOL EMPLOYEES

EMPLOYEE: _____

Date	Breakfast	Lunch	Dinner	Lodging	# miles	miles X .545	Travel Destination	Travel Reason
Total								

Additional Reimbursable Expenses:

Description	Amount
	$
	$
	$
	$
	$
Total	$

Summary of reimbursable expenses claimed:

Meals $ _____
Lodging $ _____
Transportation $ _____
Other $ _____
_____
Total Amount Claimed $ _____

I solemnly swear that the expenditures listed above are just and true and the amount claimed is due and unpaid.

This constitutes total expenses for the month of _____, 200__

Employee Signature _____ DATE _____

Supervisor Approval Signature _____ DATE _____

RECEIPTS FOR ALL EXPENDITURES CLAIMED MUST BE ATTACHED FOR REIMBURSEMENT. RECEIPTS MUST INCLUDE DATE, AND BUSINESS NAME. FOR MEALS TO BE REIMBURSABLE, AN OVERNIGHT STAY AT A COMMERCIAL ESTABLISHMENT IS REQUIRED.