

AFTER TRIP EXPENSE REPORT

APPLIES ONLY TO SCHOOL BUSINESS TRAVEL EXPENSES
RETURN TO THE BUSINESS OFFICE FOR REIMBURSEMENT AFTER APPROVAL

SCHOOL BUSINESS Account # for expenses _____

NAME (please print clearly) _____

Operational _____ Federal Programs _____ Bilingual _____ Special Education _____ AP _____ Core _____
(Must be initialed by the appropriate Supervisor or Coordinator)

A) Sponsor and place of training/meeting _____

Description of training _____

B) Actual departure date _____ AM () Date of return _____ AM ()
Time _____ PM () Time _____ PM ()

C) When two or more individuals travel by the same conveyance, only one owner or driver will enter vehicle data, but each must complete and sign their own form.

D) Travel by: School Car _____ Other _____
When school car is used, driver must attach all credit card receipts.

Private Car _____ Map mileage to and from Hobbs _____
(Travel by private car must be approved by your principal or supervisor, and may be **approved only if a school vehicle is not available**)

Principal or Supervisor's signature for private car only

E) Please attach your receipts and agenda to this form.

F) I do solemnly swear that the above account and the within itemized statements are just and true in all respects.

Signature

Date

Central Office Approval

Date

FOR BUSINESS OFFICE USE ONLY

REIMBURSEMENT

Approved travel mileage will be reimbursed by Map Mileage.

1. Mileage _____ @ _____ cents per mile \$ _____

2. Other (plane, bus, train fare, parking, etc.): attach receipts \$ _____

3. Meals* \$ _____
(attach itemized receipts in order of dates)

4. Other expenses for hotel, etc. \$ _____
(attach itemized receipts in order of dates)

Account _____ Total \$ _____

**Reimbursement for meals limited to current daily rate for in-state or out-of-state travel.*

APPROVED FOR PAYMENT:

Superintendent

Date