

**Jt. Jerome School District No. 261
TRAVEL EXPENSE REIMBURSEMENT FORM**

7430F

Pay to: _____

Date: _____

Purpose of Expense: _____

For Travel Expenses other than Mileage, Itemized Receipts must be attached.

Date	Round Trip Travel To:	Time of Day		Mileage		Meals - Including Tips			Airfare	Lodging	Totals
		Depart	Return	Miles @	\$0.495	Breakfast	Lunch	Dinner			
				-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-
				-	-	-	-	-	-	-	-
Sub-total of travel										\$	-

Other travel expenses:

Item	Amount
Parking:	-
Registration:	-
Ground transportation (Taxi, Shuttle, Bus)	-
Tips: (Other than Meals)	-
Car Rental:	-
Other: (list separately)	-
	-
	-
Sub-total of other expenses:	\$ -

Total of Expenses: \$ -

EXPENSE PAYMENT SUMMARY

Account #: _____

Amount: \$ -

Account #: _____

Amount: \$ -

Account #: _____

Amount: \$ -

Employee Signature: _____

Administrator Signature: _____

Reimbursement Total: \$ -

(must match Total of Expenses above)

Approved by: _____