

**ELIDA LOCAL SCHOOLS
ITEMIZED EXPENSE & TRAVEL REPORT**

Building _____ Month _____ Year _____

Name of Professional Meeting _____

Dates of Conference or Meeting _____ Location _____

DAY OF MONTH	ORIGIN OF TRIP	DESTINATION	TOTAL MILEAGE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
		TOTAL MILES	

Reimbursement @ .50¢ per mile – Total Amount Due	\$
Registration Fees (If not paid by employer)	\$
Other Transportation (Train, plane, bus, etc.)	\$
Hotel-Motel (Original bill must be attached)	\$
Meals and Miscellaneous (Receipts attached)	\$
Telephone (Copy of bill attached)	\$
TOTAL	\$

Employee's Signature _____ Address _____

Principal's Signature _____ Date _____

Treasurer's Signature _____ Date _____ Amt. Approved \$ _____

Central Office Use Only: Account # _____