



# REORGANIZED SCHOOL DISTRICT #7

## OUT-OF-METRO TRAVEL EXPENSE REPORT

NAME: \_\_\_\_\_ EMP ID #: \_\_\_\_\_ BUILDING: \_\_\_\_\_

MEETING NAME/LOCATION: \_\_\_\_\_ DATES: \_\_\_\_\_

ACCOUNT CODE: \_\_\_\_\_

DATE	MEAL*	HOTEL	PLANE	PARKING / TRANSPORTATION	CAR RENTAL	MISC *	TOTALS
<b>Totals</b>							

**\*\* MEALS ARE ONLY REIMBURSED IF AN OVERNIGHT STAY IS REQUIRED, OTHERWISE THEY WILL BE CONSIDERED TAXABLE INCOME.**

<b>TOTAL MILES</b> _____ <b>AT</b> _____ <b>PER MILE = \$</b> _____
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**\*\*EXPLANATION OF MISC EXPENSES**


TRAVELER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
*(Must have original signature)*

APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
*(Must have original signature)*