

CLINTON PUBLIC SCHOOL DISTRICT

Revised 01/07/19

STATEMENT OF TRAVEL EXPENSES

NAME _____ Social Security No. _____

Address _____

Official Meeting Attended _____ Location _____

Attach receipts for all expenses except meals, tips, and baggage handling tipping.

(Date and Itemize for Each Day)

Date							TOTALS	
Hotel								
Meals	Breakfast							
	Lunch							
	Dinner							
Meal Tips (15% Max)								
Registration Fee								
Limousine / Taxi Fares								
Baggage								
Other (Itemize)								
Transportation:								
From _____				Distance by Automobile:				
To _____				_____ Miles @ \$.575 per mile				
TOTAL FOR THIS PAGE								
Total from Attached page(s) of STATEMENT OF TRAVEL EXPENSES							+	
Total for this page and attached page(s)								
Less advance: Check No. _____ Dated: _____ (Attach ck. stub.)							-	
Amount due claimant if expenses exceed advance								
Amount due CPSD if advance exceeds expenses								

I hereby certify that the above expenses were actually incurred by me in the performance of my duties as an employee, board member, or committee member of the Clinton Public School District.

Date

Signature of Claimant

Signature of Principal/Supervisor

Budget Item Number

Signature of Superintendent