

**PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT
OUT OF DISTRICT TRAVEL**

**EXPENSE REPORT
For Personal Expense Reimbursement Only**

NAME:	
SCHOOL:	
Purpose of Trip	

FROM :		TO:	
DATE: (M/D/YY)			Totals
Mileage (daily \$.655/m)			\$
Meals (daily)	\$		\$
Registration	\$		\$
Lodging (daily)	\$		\$
Airline	\$		\$
Parking / Ground Transport	\$		\$
Other (in detail below)	\$		\$
Note: District guidelines for expenses are detailed in Board Policy/Administrative Guideline 3440. These guidelines provide limits on expenditures and should be reviewed prior to approval of request and submission of expense record. Complete the proper expense form and obtain your immediate supervisor's signature to receive reimbursement.			TOTAL \$

Details/Explanation from 'Other' above:

Remarks:

Final Approval			
Employee Signature		Date	
Administrator		Date	
Dir. Of Business Payment Approval		Date	
Routing	C&I Secretary	Accounts Payable	Payroll Secretary

REQUIRED: RECEIPTS for meals, motel, car rental, airline, and others MUST be attached to this form.