

## APPROVED EXPENSE REPORT &amp; CHECK REQUEST TO BE SUBMITTED TO BUSINESS OFFICE:



**JEFFERSON CITY SCHOOL  
DISTRICT  
TRAVEL EXPENSE REPORT**

Name:

Address:

Phone Number:

School Name:

Title II PURPOSE:

Code - For Jefferson City School District use ONLY:

MILEAGE	START / END	DATE	MILES	RATE	AMOUNT
TO:				<b>\$0.65</b>	\$ -
FROM:				<b>\$0.65</b>	\$ -
				TOTAL	\$ -

MEALS	DATE	Enter P or R for each meal	BREAKFAST	LUNCH	DINNER	AMOUNT
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
		P=Provided / R = Reimbursed				\$ -
					TOTAL	\$ -

MISCELLANEOUS	EXAMPLE: TAXI, PARKING, HOTEL, REGISTRATION	AMOUNT
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
	TOTAL	\$ -
ACCOUNT CODE	REQUESTED TOTAL	\$ -

I herby certify the above claim is correct, that the expenses were necessary to conduct district business, that payment has been made from personal funds for which I have not been reimbursed, nor will I receive from any other source payment for these expenses.

Claimant Signature

Date

Approval Signature

Date

LEA Signature

Date

**MILEAGE**

Enter the start point, your destination city and the number of miles traveled.  
Mileage claimed shall be the lesser of the mileage from the employee's building of employment or the employee's home.

**MEALS**

Enter a "P" in the field if the meal was Provided through the Event.  
Enter an "R" if seeking reimbursement for the meal.  
Leave BLANK if not part of the travel.

Attach a copy of the Event agenda showing which meals were not provided

Individual meal reimbursement limit should not exceed over \$10.00 for breakfast, \$15.00 for lunch and \$30.00 for dinner (tip included).

Itemized receipts are REQUIRED for meal charges or no reimbursement will be paid.

When completed, email to Caitlin.Wieberg@jcschools.us