

TRAVEL EXPENSE REPORT

DJD-F

Employee Name: _____

DATE: _____

I, hereby, request reimbursement for the following itemized travel expenses incurred while on official school business. Receipts are required and must be attached for reimbursement.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total
Date:								
Transportation:								
Miles								
Destination:								
Lodging:								
Meals (w/overnight stay)								
Meals (no overnight stay)								
Miscellaneous:								
						GRAND TOTAL		

Purpose & place of attendance: _____

Requested by: _____

Approved by: _____

Original 01/01/09
Revised: 01/01/19