

Shelley Joint School District No. 60

FINANCIAL MANAGEMENT

7430F

Request for Travel Expense

Name: _____ Date: _____

Workshop/Conference or Purpose of Trip: _____

Address: Name of Hotel or Conference Location: _____

Number and street: _____

City, State, Zip: _____

Dates of Trip: _____ Department: _____

Notes: _____ Expenditure Account: _____

_____ Code No. _____

Approved Reimbursement if paid on the following schedule:

Meals: \$45/day (Breakfast - \$10, Lunch - \$15, Dinner - \$20)

Travel: \$0.40/mile

Registration: _____

Meals: _____

Breakfast: _____

Travel: _____

Lunch: _____

Other: _____

Dinner: _____

TOTAL: _____

Authorized by: _____

(Principal or Director)