

# 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)								
<b>Transportation:</b>								
From _____				Distance by Automobile:				
To _____				_____ Miles @ \$ .58 per mile				
<b>TOTAL FOR THIS PAGE</b>								
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