

KEENE INDEPENDENT SCHOOL DISTRICT
REQUEST FOR TRAVEL EXPENSE

NAME: _____ **DATE:** _____

1 Dates of Travel: _____

2 Purpose of travel _____

3 Location of meeting/event _____

4 *Hotel _____ Nights @ _____ = Total _____

5 Per Diem: # Days _____ @ \$36.00 per day = Total _____

6 Personal auto expense: # Miles _____ 0.54/mile = Total \$ _____

7 *Public transportation: \$ _____ = Total \$ _____

8 *Conference registration: \$ _____ = Total \$ _____

9 *Other expenses (Explain and attach receipt)

_____ \$ _____

_____ \$ _____

Total expense claimed \$ _____

APPROVED BY:

_____ Date: _____

Breakfast \$8.00

Lunch \$10.00

Dinner \$18.00

***ALL RECEIPTS MUST BE ATTACHED FOR PAYMENT**