

# KEENE INDEPENDENT SCHOOL DISTRICT TRAVEL EXPENSE TABULATION SHEET

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: \_\_\_\_\_

**EMPLOYEES:**

Breakfast \$8.00

Lunch \$10.00

Dinner \$18.00

\*ALL RECEIPTS MUST BE ATTACHED FOR PAYMENT

\*Updated 1/20/16