

WELCH PUBLIC SCHOOLS  
EXPENSE REIMBURSEMENT REPORT

Adoption Date: 12/8/09

Revision Date:

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Name \_\_\_\_\_ Title \_\_\_\_\_

Building \_\_\_\_\_ Date \_\_\_\_\_

Meeting and Purpose \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

LODGING:

Hotel (attach receipts) ..... \$ \_\_\_\_\_

Meal (attach receipts) ..... \$ \_\_\_\_\_

Miscellaneous (attach receipts) ..... \$ \_\_\_\_\_

Less: Reimbursements to School if required  
(attach check copy) ..... \$ \_\_\_\_\_

Subtotal ..... \$ \_\_\_\_\_

TRAVEL:

Auto: From School \_\_\_\_\_ to \_\_\_\_\_ & return  
Total miles \_\_\_\_\_ @ \$0.48 ..... \$ \_\_\_\_\_

Air: From School \_\_\_\_\_ to \_\_\_\_\_ & return  
(Attach Tickets) ..... \$ \_\_\_\_\_

Other: Miscellaneous – Toll Fees, Parking, Taxis etc.  
(Attach Tickets) ..... \$ \_\_\_\_\_

REGISTRATION: (attach receipts) ..... \$ \_\_\_\_\_

TOTAL EXPENSES: ..... \$ \_\_\_\_\_

I, the undersigned, upon oath, do depose and say that I have full knowledge of the above and foregoing account, that amount said is just, correct, due and according to law, and that the amount claimed after allowing all just credits, is now due and wholly unpaid, and that I am duly authorized to make this affidavit.

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor