

TRAVEL EXPENSE REIMBURSEMENT

COTTIER SCHOOL DISTRICT

NAME OF PAYEE: _____

SCHOOL TITLE: _____

MAILING ADDRESS: _____

DATE MO/DAY	FROM	TO	PURPOSE OF TRIP	PRIVATE VEHICLE			*OTHER TRANSPORTATION	Misc.	*HOTEL	*MEALS	*OTHER EXPENSES	TOTAL PER DAY
				TOTAL MILES	RATE	TOTAL CLAIMED						

*NOTE: ALL OF THESE EXPENSES MUST HAVE RECEIPTS ATTACHED.

SIGNATURE OF TRAVELER _____

DATE _____

APPROVAL OF SUPERVISOR _____

DATE _____

TOTAL MILEAGE \$ _____
 TOTAL OTHER EXPENSES \$ _____
 TOTAL AMOUNT CLAIMED \$ _____