TRAVEL EXPENSE REIMPURSEMENT
COTTER PUBLIC SCHOOLS

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.

TOTAL MILEAGE $_____

TOTAL OTHER EXPENSES $_____

_____ _____

SIGNATURE OF TRAVELER DATE

TOTAL AMOUNT CLAIMED $_____

_____ _____

APPROVAL OF SUPERVISOR DATE