

TRAVEL EXPENSE REIMBURSEMENT

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						
					.52							

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

TOTAL MILEAGE \$ _____
 TOTAL OTHER EXPENSES \$ _____

 SIGNATURE OF TRAVELER

 DATE

 APPROVAL OF SUPERVISOR

 DATE

TOTAL AMOUNT CLAIMED \$ _____