

# TRAVEL EXPENSE REIMBURSEMENT

## COTTER PUBLIC SCHOOLS

NAME OF PAYEE: \_\_\_\_\_ SCHOOL TITLE: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

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