

BOGALUSA CITY SCHOOL BOARD

TRAVEL EXPENSE REIMBURSEMENT REPORT

NAME OF OFFICER OR EMPLOYEE
HOME ADDRESS
CITY/STATE/ZIP

DATE OF CLAIM
SCHOOL/DEPARTMENT
PERIOD OF TRAVEL
FUNDING SOURCE
BUDGET ACCOUNT NUMBER

TRAVEL EXPENSE SUMMARY

PERSONAL CAR	PER MILE COST	miles @ .52		\$
SUBSISTENCE	LODGING		\$	\$
	MEALS		\$	\$
TOLLS AND PARKING				\$
TIPS				\$
OTHER EXPENSES	REGISTRATION FEES		\$	\$
	MEMBERSHIP FEES		\$	
	OTHER (Explain)		\$	
TOTAL TRAVEL EXPENSES				\$
LESS: TRAVEL ADVANCE		CHECK NO.	DATE	\$
TOTAL REIMBURSEMENT DUE TRAVELER				\$

Signature of Traveler:	Date:

I hereby certify that expenses listed above were incurred by me on official business of Bogalusa City School Board and include only such expenses as were necessary in the conduct of this business.

Signature of Traveler's Supervisor:	Date:

I hereby certify that the travel undertaken in this reimbursement voucher has been reviewed and approved as necessary for the conduct of business for Bogalusa City School Board.