

West Central Education District
TRAVEL EXPENSE REPORT

Date / /

I, hereby, request reimbursement for the following itemized travel expenses incurred while on official school business. Receipts are attached.

DATE										
Transportation Miles										
Mileage Charge										
Other										
Lodging										
Meals Breakfast										
Noon										
Evening										
Miscellaneous										
TOTAL:										

Purpose & place of attendance: _____

I declare under the penalties of law that this account claim or demand is just and correct and that no part of it has been paid.

_____	_____
Requested By	Approved By
Name _____	Date _____
Address _____	Batch Number _____
	34-39
	Vendor Number _____
	58-62
	Manual Check Number _____
	70-75

4	Account Code						22	Amount	33	Purchase Order Number	Invoice Number	56
	FD 5-6	ORG 7-9	PRO 10-12	CRS 13-15	FIN 16-18	OBJ 19-21						

<p>↑ Blank = Expenditure G = General Ledger R = Revenue</p>	<p>↑ Blank = Debit C = Credit (void credit memo or negative adj.)</p>	<p>↑ Blank = Affects P.O. 2 = Direct Purchase 3 = Credit Memo 4 = Credit Memo Affects P.O.</p>	<p>↑ D = Discount F = Freight S = Sales Tax Removed A = Adjustment 9 = 1099 Applies F = Final P = Partial</p>
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