

## West Central Education District TRAVEL EXPENSE REPORT

Date      /      /     

I hereby request reimbursement for the following itemized travel expenses incurred while on official school business. Itemized receipts are attached. (Maximum reimbursement for single meal claims will be made according to current state guidelines and mileage will be reimbursed at the current IRS rate – from MN Dept of Administration State Procurement – Commissioner's Plan. \*See **WCED Current Mileage & Meal Rates on WCED website under Staff Resources.**)

DATE																				
Transportation Miles																				
Mileage Charge*																				
Other																				
Lodging																				
Meals Breakfast*																				
Lunch*																				
Dinner*																				
Miscellaneous																				
<b>TOTAL:</b>																				

**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 \_\_\_\_\_ Batch Number \_\_\_\_\_

Address \_\_\_\_\_ Vendor Number <sup>34-39</sup> \_\_\_\_\_ Manual Check Number \_\_\_\_\_  
58-62
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						

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