

Palmerton Area School District

Travel & Expense Reimbursement

Employee Name _____ Month _____ Year _____

Building/Address _____

EXPENSES OTHER THAN MILEAGE: (Attach Receipts)

Date	Name of Vendor Where Expense Made	Type of Expense Meal, Toll, Etc.	Reason For Expense Meeting, Conference, Etc.	Amount Spent
TOTAL OTHER EXPENSES				\$

I certify to the fact that the above is a true and accurate record of expenses (including the mileage on the reverse side), which were incurred in the performance of my duties. ALL RECEIPTS for other expenses are attached for payment.

BUSINESS OFFICE USE ONLY

(Signature of Employee)

Grand Total of Miles _____
(from reverse side)

(Date)

Mileage Rate x _____ = \$ _____

(Approved by Supervisor)

Mileage Reimbursement \$ _____

(Date)

Plus: Other Expenses \$ _____

TOTAL AMOUNT \$ _____

MILEAGE RECORD

Date	Purpose of Trip	Odometer Reading at Beginning	Odometer Reading at End	Total Miles
GRAND TOTAL OF MILES				