

Gibbon Public Schools Expense Report

Name: _____

Name and Location of Meeting Attended: _____ Date of Meeting _____

	Lodging	Breakfast	Lunch	Dinner	Misc Itemized	Total Daily Expense
Sunday _/_/___						
Monday _/_/___						
Tuesday _/_/___						
Wednesday _/_/___						
Thursday _/_/___						
Friday _/_/___						
Saturday _/_/___						
Sunday _/_/___						

Total Expenses \$ _____

Mileage:

From: _____ To _____ To _____ Total Miles _____ x .51 = \$ _____

Total Due \$ _____

X _____ Date: _____

Signature Required - I certify the above expenses were incurred by me.

THIS FORM MUST BE COMPLETED WITH PROPER RECEIPTS ATTACHED AND RETURNED TO THE BUILDING PRINCIPAL BEFORE REIMBURSEMENT.

Building Principal Approval _____ Date: _____

Superintendent Approval _____ Date: _____

Account Number to charge _____