

## 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 \_\_\_\_\_