***MONITEAU SCHOOL DISTRICT***

**TRAVEL EXPENSE REIMBURSEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |       |  | Date |       |
|  |
| Address |       |  | Month of Expense |  |
|  |  |  |  |  |  |
| Must be received by the Accounts Payable Clerk the **Friday before the Work Session** preceding the Board Meeting when approval of payment is expected. If used for conference reimbursement, attach a copy of the conference approval to this form. Receipts for all expenses other than mileage should be attached. |
|  |
| Date | From | To | Miles | Room | Meals | Misc.Exp. | Total |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
| TOTALS | - - - - - - - - - | - - - - - - - - - |       |       |       |       |       |
|  |
|       | miles @ |       | per mile = | $ |       | (miles) + $ |       | (total exp.) = $ |       | **total due** |
| I certify the above expenses were actually incurred in the fulfillment of my duties in the Moniteau School District. |
| Approved: |       |  |  |
|  | Administrator |  |  |
| Date: |  |  |  |
|  |  |  |  |
| Approved: |       |  | Signed: |  |
|  | Superintendent |  |  |
| Date: |  |  |  |
|  |  |  |  |
| Date Paid: |       |  |  |  |