***MONITEAU SCHOOL DISTRICT***

**TRAVEL EXPENSE REIMBURSEMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name | |  | | | | | | | | | | | |  | | | Date | | | |  | | | | | | | | | | | | |
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| Address | | |  | | | | | | | | | |  | | | Month of Expense | | | | | | | | | |  | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date | | | | | From | | | | To | | | Miles | | | | | | | | Room | | | | | Meals | | | Misc.  Exp. | | Total | | | |
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| TOTALS | | | | | - - - - - - - - - | | | | - - - - - - - - - | | |  | | | | | | | |  | | | | |  | | |  | |  | | | |
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|  | | 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: | | | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |
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| Approved: | | | |  | | | | | | | | | | | | |  | | Signed: | | |  | | | | | | | | | | | |
|  | | | | Superintendent | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |
| Date: | | | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |
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| Date Paid: | | | |  | | | | | | | | | | | | |  | |  | | | |  | | | | | | | | | | |