

MERIDIAN SCHOOL DISTRICT NO. 505

EXPENSE CLAIM

EMPLOYEE _____

ADDRESS _____

For travel and incidental expenses incurred during the month of _____, 20____
as shown in detail hereon and receipts attached.

	<u>Payment via Acct. Payable</u>	<u>Payment via Payroll</u>
*TAXABLE MEALS (non overnight stay)	----->	\$ _____
NON-TAXABLE MEALS (overnight stay)	\$ _____	
HOTEL ROOMS	\$ _____	
MILEAGE _____ @ .5550 _____	\$ _____	
OTHER TRANSPORTATION	\$ _____	
OTHER EXPENSES	\$ _____	
TOTAL EXPENSES	\$ _____	
	TOTAL DUE \$ _____	TOTAL DUE \$ _____

DETAIL OF ABOVE EXPENSES: (attach meal receipts if required per instructions)

Date	Break.	Lunch	Dinner	Hotel Room	Miles	Location	Purpose or Reason for Trip

OTHER EXPENDITURES AS PER RECEIPTED VOUCHERS :

Date	Paid To	For	Amount

I hereby certify the above account is just and true as stated, that payment had been received and that the expenses charged were actually and necessarily incurred and paid by me in lawful money.

ACCOUNT _____ \$ _____ ACCOUNT _____ \$ _____

ACCOUNT _____ \$ _____ ACCOUNT _____ \$ _____

EMPLOYEE SIGNATURE _____ DATE _____

PRINCIPAL/SUPERVISOR APPROVAL _____ DATE _____

SUPERINTENDENT APPROVAL _____ DATE _____