

**WEST BONNER COUNTY SCHOOL DISTRICT #83  
TRAVEL EXPENSE FORM**

Employee Name: \_\_\_\_\_

Conference/Meeting: \_\_\_\_\_

Destination: \_\_\_\_\_

Dates of Leave: \_\_\_\_\_ to \_\_\_\_\_

Beginning Time of Trip: \_\_\_\_\_ Ending Time of Trip: \_\_\_\_\_

**MEAL DETAILS**  
*No receipt No reimbursement*

<b>Date</b>	<b>Breakfast (max \$10)</b>	<b>Lunch (max \$12)</b>	<b>Dinner (max \$20)</b>	<b>Total</b>

**EXPENSE SUMMARY**  
*No receipt No reimbursement*

Meals (Record Total Here) \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Mileage: \_\_\_\_\_ Miles @ .54 per mile for all other staff \$ \_\_\_\_\_

Other Transportation: Specify \_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses: Specify \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

I hereby certify that this is a true and correct claim for necessary expenses incurred and for which have not been reimbursed in any form.

\_\_\_\_\_  
Signature

**APPROVED BY:**

\_\_\_\_\_  
Principal/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

Charge Code: \_\_\_\_\_