

Name

EXPENSE REPORT

Position/Bu	uilding					
Expenses (receipts must be attached)					
Date	Location / Organization (i.e. New Market / Hopewell; Columbus / OSBA)	Purpose / Description (i.e. Conference –Technology in the Classroom, Meeting with Educators on OIP)	Total Rour (Total at	ndtrip Miles Bottom)	Specify Other Expense (i.e. meals, parking, hotel, etc.)	Amount of Other Expense
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
Total Business Miles					@ cents per mile	\$
				Total A	mount Due Employee	\$
I hereby	certify the above to be	a true and accurate account of ex	penses inc	urred as i	indicated:	
Employee Signature				Date		
Approved by:				Date		