## EXPENSE REPORT

| Name |
| :--- |
| Position/Building |


| 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 Roundtrip Miles (Total at Bottom) | Specify Other Expense (i.e. meals, parking, hotel, etc.) | Amount of Other Expense |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  |  |  |  | \$ |
|  |  | Total Business Miles |  | @ $\qquad$ cents per mile | \$ |
| Total Amount Due Employee |  |  |  |  | \$ |

I hereby certify the above to be a true and accurate account of expenses incurred as indicated:

| Employee Signature | Date |
| :--- | :--- |
| Approved by: | Date |

