

**Madison City Schools**  
**Employee Expense Statement**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Location/ Position : \_\_\_\_\_ Dates of Absence: \_\_\_\_\_

Location of Activity: \_\_\_\_\_ Title of Activity: \_\_\_\_\_

**REGISTRATION FEES:** (Paid by Employee – attach registration receipt and meeting agenda) .....\$ \_\_\_\_\_

**HOTEL:** (Number of Nights \_\_\_\_\_ x Daily Rate \_\_\_\_\_)..... \$ \_\_\_\_\_  
Paid by employee (attach hotel receipt)

**TRANSPORTATION FEES:** (From: \_\_\_\_\_ To: \_\_\_\_\_)

Airfare: Paid by employee (attach airline receipt) .....\$ \_\_\_\_\_

Auto: ( \_\_\_\_\_ Roundtrip miles x \_\_\_\_\_ ) .....\$ \_\_\_\_\_

Rental Car: (attach rental car receipt).....\$ \_\_\_\_\_

**PER DIEM:** (Hour of Departure: \_\_\_\_\_ Hour of Return: \_\_\_\_\_)

Full Day \$40 x \_\_\_\_\_ # of Days = \_\_\_\_\_

Part Day \$10 breakfast x \_\_\_\_\_ # of Days = \_\_\_\_\_

Part Day \$10 lunch x \_\_\_\_\_ # of Days = \_\_\_\_\_

Part Day \$20 dinner x \_\_\_\_\_ # of Days = \_\_\_\_\_

**Total Per Diem**      \$ \_\_\_\_\_

**MISCELLANEOUS ITEMS: (attach all receipts for items listed below)**

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES DUE EMPLOYEE:**      \$ \_\_\_\_\_

List names of persons in party for which expenses are claimed (riding with, rooming with, etc.) \_\_\_\_\_

\_\_\_\_\_

I certify that the above is correct and due for services performed and/or travel reimbursement.

Signature: \_\_\_\_\_ SSN: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THE LINE – FOR OFFICE USE ONLY!!**

\_\_\_\_\_  
Bookkeepers Initials

\_\_\_\_\_  
Principal or Direct Supervisor/Date

\_\_\_\_\_  
Superintendent/Director/Designee

Fund Number/s: \_\_\_\_\_

\_\_\_\_\_

**NOTE: Attach all appropriate documents and receipts for reimbursement.**