WEBSTER COUNTY SCHOOLS
TRAVEL EXPENSE REPORT

NAME_____DATE_____

DATE	MEETING/CONFERENCE TITLE	MILES	MEALS	LODGING

I certify that the amounts listed are the actual expenses incurred.

MILES _____x .575

_____
SIGNATURE OF EMPLOYEE

TOTAL FOR MILES_____
MEALS_____
LODGING_____
FEES_____
TOTAL
EXPENSES_____

_____
SIGNATURE OF ADMINISTRATOR