

# WEBSTER COUNTY SCHOOLS TRAVEL EXPENSE REPORT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

| DATE | MEETING/CONFERENCE TITLE | MILES | MEALS | LODGING |
|------|--------------------------|-------|-------|---------|
|      |                          |       |       |         |
|      |                          |       |       |         |
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|      |                          |       |       |         |

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

MILES \_\_\_\_\_ x .56

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

TOTAL FOR MILES \_\_\_\_\_  
MEALS \_\_\_\_\_  
LODGING \_\_\_\_\_  
FEES \_\_\_\_\_  
TOTAL EXPENSES \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ADMINISTRATOR