

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 .655

SIGNATURE OF EMPLOYEE

TOTAL FOR MILES _____
MEALS _____
LODGING _____
FEES _____
TOTAL EXPENSES _____

SIGNATURE OF ADMINISTRATOR