expnsfrm.xls
11/3/2009

NON-PUBLIC SCHOOLS
PROFESSIONAL VISITATION EXPENSE REPORT

NAME: _____

ADDRESS: _____

CITY,STATE,ZIP: _____

BUDGET CODING *(Refer to Budget for Coding)*

See Below * **- _ - _ _ _ _ - _ _ _ _ - _ _ - _ _**

Dept - Comm - Sc - Prog - Object - Lvl - Bg

Fill in Dates:	**Sun** __/___/__	**Mon** __/___/__	**Tues** __/___/__	**Wed** __/___/__	**Thurs** __/___/__	**Fri** __/___/__	**Sat** __/___/__	**TOTAL**
Airplane Ticket								
Bus Ticket								
Train Ticket								
Hotel								
Meals:								
Breakfast								
Lunch								
Dinner								
Mileage **								
Number of Miles								
Miles x IRS Rate								
Tolls								
Parking								
Tips								
Telephone								
Other Expenses:								

** Must include Mileage Reimbursement Backup Sheet

TOTAL Travel Expenses - _____

Registration Fee for Conference/Workshop - _____

GRAND TOTAL

Name of Conference/Workshop: _____ Dates Attended: _____

Location: _____ City: _____ State: _____

_____
Submitter's Signature Date

MUST be filled out completely and include the following:
(Expense Reports sent in without these items will be returned to you)
- Previously approved Professional Visitation Request
- Proof of Attendance
- All ORIGINAL INVOICES for expenses being reimbursed
- Send to Accounts Payable within 10 business days of event

_____
Principal's or Authorized Signature Date

_____
Business Administrator or Date
Assistant Dir of Business/Purch Agent