

## UNION LOCAL SCHOOL DISTRICT EXPENSE REPORT

NAME: \_\_\_\_\_  
(type or print clearly)

CODE: \_\_\_\_\_  
FUND
FUNC
OBJ.
SCC

DATE	ATTACH TRIP REQUEST TRIP		(for personal auto) \$0.625/MILE		ITEMIZED RECEIPTS MUST BE ATTACHED (only include charges for yourself)				TOTAL
	FROM	TO	MILES	AMOUNT	MEALS	ROOM	MISC. EXP.*	AMOUNT	
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									
/ /									
TOTAL				\$	\$	\$		\$	\$

WRITE DATE AND BRIEF EXPLANATION OF TRIP: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that, to the best of my knowledge, the above information is correct.

\_\_\_\_\_  
Employee Signature                      / /  
Date

\_\_\_\_\_  
Superintendent Signature                      / /  
Date

\_\_\_\_\_  
Athletic Director Signature (if sport activity)                      / /  
Date

\_\_\_\_\_  
Treasurer Signature                      / /  
Date

\*Registration Fees, Parking, Public Transportation, etc.