KINGSPORT CITY SCHOOLS TRAVEL EXPENSE STATEMENT

			TRAVE	L EXPE	NSE STA	<u> TEMEN</u>	T		
NAME;				LOCATI	ON/SCH	OOL:			
PURPOSE	OF TRIP:								
DESTINA'	TION/PLACE OF M	EETING:							
DEPARTU	JRE DATE:				RETUR	N DATE:			
DEPARTU		RETURN TIME:							
		F	EXPENS	E ACCO	UNT SU	MMARY			
	DESCRIPTION		ACC	COUNT I	DESCRIP	TION	ACCOUNT NU	MBER	AMOUNT
	RAVEL EXPENSES								
	REPAID EXPENSES								
	OST OF TRIP								
10111110	<u> </u>		TRAVE	T FYPE	NSE DE	ΓΛΙΙ	(CONTINUED ON BA	CV)	
			TRAVEL EXPENSE DETAIL MEALS				OTHER EXPENSES		
	Location Where			MILALO			Registration, Taxi, Phone, Tolls		
DATE	Expenses		Break-			Trans-	Baggage Handling,		Total
Mo/Day/Yr	Were Incurred	Lodging	fast	Lunch	Dinner	portation	Item Description	Amount	Each Line
TOTAL FI	OM BACK								
TOTAL FROM BACK TOTAL EACH COLUMN									
	ECTLY BY CITY							+	
		N IZOTO							
	OF TRAVEL ADVA	ANCE							
AMOUNI	DUE (REFUND)								
I horoby oo	ertify that the above st	totad avno	ongog woi	ro inourro	d by ma y	vhila trava	ling on School busin	1000	
i nereby ce	itily that the above st	aicu cxpc	JIISCS WCI	.c mcurro	u by mc v	viiiic travc	ing on school busin	1033.	
	Signatura			-	Titla/Dogi	ition		D	ate
	Signature				11116/11081	111011		D.	alc
APPROVE	ED:	DATE:							
	Person	Responsi	ble for A	ppropriat	ion				
						DATE			
APPROVE	3D:	Finance				DATE:			
	D	irector of	Finance						
APPROVE	ED:					DATE:			
		perintend	lent of Sc				·		
		_							
APPROVE	ED:	DATE:							
		City Tre	easurer						

Note: Receipts are required for all expenses, with the exception of meals and expenses under \$5.00. Please staple receipts to form.

Form revised July 2002