



BUDGET CODE: \_\_\_\_\_

PAID \_\_\_\_\_ Check # \_\_\_\_\_

## NORFOLK PUBLIC SCHOOLS

### Travel and Other Expense Form

Name: \_\_\_\_\_ Building: \_\_\_\_\_

Reason for Official Business: \_\_\_\_\_

Date(s) of Official Business: \_\_\_\_\_

Complete in detail as follows:

| DATE            |  |  |  |  |  | Totals |
|-----------------|--|--|--|--|--|--------|
| Motel/Hotel     |  |  |  |  |  |        |
| Breakfast       |  |  |  |  |  |        |
| Lunch           |  |  |  |  |  |        |
| Dinner          |  |  |  |  |  |        |
| Taxi/Bus        |  |  |  |  |  |        |
| Telephone       |  |  |  |  |  |        |
| Other (Itemize) |  |  |  |  |  |        |
| Column Totals   |  |  |  |  |  |        |

Transportation:

From: \_\_\_\_\_ To: \_\_\_\_\_ = \_\_\_\_\_ Miles

|                    |  |
|--------------------|--|
| Mileage            |  |
| Subtotal           |  |
| Less Cash Advanced |  |
| Total Owed to you  |  |
| Total Due          |  |

In order to receive reimbursement, all receipts must be attached to this form.

I hereby certify that the above expenses were actually incurred by me in the performance of my duties as an employee or representative of the Norfolk Public Schools.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



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