AUBURN CITY SCHOOLS LEAVE REQUEST EXPENSE SUMMARY

Name:			Employee ID:	Date Submitted:			
ALLOWABLE EXPENSES							
Registration:			[attach invoice or receipt]	Lodging:			I itemized invoice]
Coach Airline Tickets:			[original itemized invoice]	Personal V	ehicle Mileage:	begin odometer	end odometer
Parking and Toll Fees:			[attached dated receipts] [attached dated or hand	-	number 0 miles	@ \$.56	0.00 ed dated or hand
Limousine or Taxi Fees:			receipts]	Baggage H	landling Fees:	receipt	
Other Expenses:			[dated receipts]	Telephone Calls:		[board	business only]
Meal Expenses: In State Travel [Maximum Breakfast-\$15; Lunch-\$20; Dinner-\$30] [Gratuity not to exceed 15%, part of maximum allowance] Out of State Travel [Maximum Breakfast-\$20; Lunch-\$25; Dinner-\$40] [Gratuity not to exceed 15%, part of maximum allowance]							
Date	Breakfast		Lunch		Dinner		Daily Totals
	Location	Amount	Location	Amount	Location	Amount	
							0.00
							0.00
							0.00
							0.00
							0.00
				<u> </u>			0.00
-	ravel Outside City Limits Dest		Justification Total		Total Allowable	Allowable Expenses 0.00	
travel reimbursement. Applicant's Signature							
G/L Account: Amount							
-		 					
Approved for Payment:							
Principal	/Department Head Signature	D	ate	Superinten	dent Signature [if appli	icable]	Date