



SPRINGFIELD PUBLIC SCHOOLS

TRAVEL EXPENSE REPORT

Name: _____ Purpose: _____

Home Address: _____

Street Number & Name City and State Zip Code

Department: _____ Destination: _____

City and State

Departure Date: _____ Time: _____ Return Date: _____ Time: _____

Others in Attendance: _____

Account Number: _____ Vendor #: _____

Org Obj Proj Not Employee ID

Section to Be Completed by Traveler:

Transportation: (Attach Receipts*) \$ _____

Hotel Room: (Attach Receipt including Proof of Payment*) \$ _____

Registration Charges: (Attach Receipts*) \$ _____

Auto Mileage: (Attach Mapquest printout)

Total # of miles (per Mapquest) _____ x _____ = \$ _____
See Mileage Key

Taxi Service: (Attach Receipts *) \$ _____

Tolls: (Attach Receipts *) \$ _____

Parking: (Attach Receipts *) \$ _____

Other: (Please specify and attach applicable receipts*) \$ _____

Subtotal: \$ _____

Meals: Were any meals included in your registration? Yes No

If yes, please check: Breakfast _____ x _____ Lunch _____ x _____ Dinner _____ x _____
How many? How many? How many?

Section to Be Completed by the Business Office:

Meals: \$ _____

Total Amount \$ _____

***ALL RECEIPTS SHOULD BE TAPED (on all sides) TO A SEPARATE PIECE OF PAPER AND ATTACHED TO THIS FORM. PLEASE ATTACH A SIGNED COPY OF YOUR PERMISSION TO TRAVEL WITH THIS FORM.**

I hereby certify under the penalty of perjury that the amounts as itemized are true and correct, were incurred by me during necessary travel in the service of the City of Springfield, and that no part of the compensation claimed was of a personal nature.

Employee Signature: _____ Date: _____

Dept. Head/Principal Signature: _____ Date: _____

Business Office Signature: _____ Date: _____