



# SPRINGFIELD PUBLIC SCHOOLS TRAVEL EXPENSE REPORT

Name: \_\_\_\_\_ Purpose: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Number & Name City and State Zip Code

School/Dept.: \_\_\_\_\_ 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 conference? Yes  No

If yes, please check all that apply and indicate the total number of meals provided:

Breakfast \_\_\_\_\_ x \_\_\_\_\_ Lunch \_\_\_\_\_ x \_\_\_\_\_ Dinner \_\_\_\_\_ x \_\_\_\_\_  
# of Days x How many? # of Days x How many? # of Days x How many?

**SECTION TO BE  
COMPLETED BY  
ACCOUNTS  
PAYABLE ONLY:**

Meals Reimbursement: \$ \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

**\*ALL RECEIPTS MUST BE TAPED (on all sides) TO A SEPARATE PIECE OF PAPER AND ATTACHED TO 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. By signing, I am acknowledging that I have read and understood the SPS Travel Policy.

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

Dept. Head/Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accounts Payable Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form directly to Procurement/Accounts Payable Department