BRISTOL TOWNSHIP SCHOOL DISTRICT

FINAL EXPENSE CLAIM

Name Click here to enter text. Date Click here to enter a date.

School Click here to enter text. Position Click here to enter text.

The undersigned hereby requests reimbursement for expenses incurred in performance of the following duty.

Describe purpose of trip Click here to enter text.

Location Click here to enter text. Date Click here to enter a date.

Which was assigned or approved by Click here to enter text. Date Click here to enter a date.

**Expenses**

(1) Travel to Click here to enter text. and return.

(2) Air Ticket $Click here to enter text.

(3) Rail Ticket $Click here to enter text.

(4) Auto Click here to enter text. miles @ .67 $Click here to enter text.

 Parking $Click here to enter text.

 Tolls $Click here to enter text.

(5) Taxi $Click here to enter text.

(6) Hotel: Click here to enter text. room(s) $Click here to enter text.

 Dates Click here to enter a date.

(7) Meals $Click here to enter text.

(8) Registration $Click here to enter text.

(9) Other (Specify) Click here to enter text. $Click here to enter text.

 TOTAL $Click here to enter text.

Less travel advance received $Click here to enter text.

 Balance due employee $Click here to enter text.

 Balance due district $Click here to enter text.

I hereby certify that the expenses listed above represent an estimate of charges against the School District of Bristol Township.

 Signature of Claimant

Budget Code No. Click here to enter text.

Department Supervisor’s Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Manager’s Approval