

MONTANA CONFERENCE TEACHER'S

AUTHORIZED TRAVEL EXPENSE REPORT

Date _____

Name _____

Address _____

I hereby make application for transportation expense reimbursement of authorized travel for

_____ as follows:
 (Meeting/Convention)

Dates	From (Location)	To (Location)	Round Trip Total Miles	Total Amount (Rate @.40)	For Office Use only
(You are encouraged to carpool, however, extra mileage is not paid for doing so) Name of person(s) I carpooled with: _____					

MOTEL – Number of nights _____ (Attach original motel billing to this report)	Total motel costs	\$	\$
PER DIEM – Number of days _____	Total per diem costs	\$	\$
MILES – (from above) _____	Total miles amount	\$	\$
AMOUNT TOTAL		\$	\$

Approved by Superintendent _____

Date _____