CLINTON SCHOOL DISTRICT
TRAVEL/EXPENSE REIMBURSEMENT FORM

PO # _____

NAME _____
PURPOSE OF TRIP _____

DATE	DESTINATION	HOTEL COST	B-FAST	LUNCH	DINNER	DAILY TOTALS
	TOTALS					

EVENT	TRAVEL FROM	TRAVEL TO	TOTAL MILES
TOTALS			

MEAL REIM: $35.00 PER DAY
MILEAGE REIM: .42 PER MILE

EMPLOYEE _____

PRINCIPAL _____

PROG COORDINATOR _____

SUPERINTENDENT _____

TOTAL MILES _____
SUB-TOTAL _____

TURN IN TO BEVERLY (ADMIN OFFICE) WITH FORM- ALL RECEIPTS, MEALS, HOTEL, GAS, PARKING, AGENDA'S, CONFIRMATION, ETC