

WEST JEFFERSON HILLS SCHOOL DISTRICT
TRAVEL & EXPENSE REPORT

NAME _____ MONTH _____
FORWARD CHECK TO _____ BUDGET ALLOCATION _____

DATE	FROM	TO	TOTAL MILES	MEALS	PARKING	OTHER

Employee Signature _____ Date _____	TOTAL MILES		
	PER		
	MILE	\$0.70	
Supervisor's Signature _____ Date _____	TOTALS		
Business Manager _____ Date _____	GRAND TOTALS		

Notes: 1. Submit report to the Business Office in duplicate not later than the third day of the month following the month in which the expenses were incurred.
2. No reimbursement for parking, meals, etc., unless **original** receipt is attached.