



EXPENSE ACCOUNT

To be used only for travel out of the school district

Name: _____ Period: _____
School or Department: _____ From: _____
Transportation from Warren to: _____ To: _____
Purpose: _____

Rail or Airfare _____
Auto Mileage *Total Miles:* _____ at \$0.700 per mile (*Mileage will automatically calculate*) _____
Taxi Bus Parking Tolls (*Check One*) _____
Hotel Room _____
Meals _____
Miscellaneous (Itemize) _____

The above expenses were incurred in connection with Warren City Schools

Total Reimbursement Expenses (*Total will automatically calculate*) _____

SHORT CODE	FUND	FUNC	OBJ	SCC	SUBJECT	OU	IL	JOB	AMOUNT
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Employee Signature: _____ Date _____ Approval for Payment (Supervisor) _____ Date _____

I hereby certify that minimum insurance coverage was in force on vehicles used on school business, in the amount of \$12,500/\$25,000 Public Liability and \$7,500 Property Damage during the time period when such auto mileage was incurred.

Form 301

Revised 1/2025 FAB