



## EXPENSE ACCOUNT

To be used only for travel out of the school district

Period:

Name: \_\_\_\_\_ From: \_\_\_\_\_

School or Department: \_\_\_\_\_ To: \_\_\_\_\_

Transportation from Warren to: \_\_\_\_\_

Purpose: \_\_\_\_\_

Rail or Airfair \_\_\_\_\_

Auto Mileage *Total Miles:* \_\_\_\_\_ at \$0.725 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