WARREN
City School District

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 $0.760 per mile *(Mileage will autmatically calcuate)*	$ 0.00
[ ] 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 autmatically calcuate)* $ 0.00

SHORT CODE	FUND	FUNC	OBJ	SCC	SUBJECT	OU	IL	JOB	AMOUNT

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 10/2026 FAB