## AUBURN CITY SCHOOLS LEAVE REQUEST EXPENSE SUMMARY

Name:	Employee ID:				Date Submitted:			
ALLOWABLE EXPENSES								
Registration:			[attach invoice or receipt]	Lodging:			I itemized invoice]	
Coach Airline Tickets:			[original itemized invoice]	Personal \	Vehicle Mileage:	begin odometer	end odometer	
Parking and Toll Fees:			[attached dated receipts]		number o miles	@ \$.58	ed dated or hand	
Limousine or Taxi Fees:			[attached dated or hand receipts]	Baggage I	Handling Fees:	receipts		
Other Expenses:			[dated receipts]	Telephone Calls: [box		[board	ousiness only]	
Meal Expenses: In State Travel [Maximum Breakfast-\$15; Lunch-\$20; Dinner-\$30] Out of State Travel [Maximum Breakfast-\$20; Lunch-\$20; Lunch-\$20; Dinner-\$30] [Gratuity not to exceed 15%, part of maximum allowance]								
Date -	Breakfast		Lunch		Dinner		Daily Totals	
	Location	Amount	Location	Amount	Location	Amount	Duny Totals	
+								
Daily Travel Outside City Limits Destination Justification					Total Allowable E	Exnenses		
I certify the above is correct and due for services and/or								
travel reimbursement.  Applicant's Signature								
G/L Account: Amount								
			-					
Approved for Payment:								
Dringing!/F	Congressions Hood Signature			Suporintor	adont Signatura lif applia	eablo1	Date	
Principal/Department Head Signature Date Superintendent Signature [if applicable] Date								