

**AUBURN CITY SCHOOLS
LEAVE REQUEST EXPENSE SUMMARY**

Travel Form - 2

Name: _____ **Employee ID:** _____ **Date Submitted:** _____

ALLOWABLE EXPENSES

Registration: _____ [attach invoice or receipt]

Lodging: _____ [original itemized invoice]

Coach Airline Tickets: _____ [original itemized invoice]

Personal Vehicle Mileage: _____ begin _____ end _____
odometer odometer odometer
number of miles _____ @ \$.56

Parking and Toll Fees: _____ [attached dated receipts]

Baggage Handling Fees: _____ [attached dated or hand receipts]

Limousine or Taxi Fees: _____ [attached dated or hand receipts]

Other Expenses: _____ [dated receipts]

Telephone Calls: _____ [board business only]

Meal Expenses: In State Travel [Maximum Breakfast-\$15; Lunch-\$20; Dinner-\$30]
[Gratuity not to exceed 15%, part of maximum allowance]

Out of State Travel [Maximum Breakfast-\$20; Lunch-\$25; Dinner-\$40]
[Gratuity not to exceed 15%, part of maximum allowance]

Date	Breakfast		Lunch		Dinner		Daily Totals
	Location	Amount	Location	Amount	Location	Amount	

_____ Daily Travel Outside City Limits -- Destination _____ Justification

I certify the above is correct and due for services and/or travel reimbursement.

_____ Total Allowable Expenses _____

_____ Applicant's Signature _____

G/L Account:	Amount														
	-		-		-		-		-		-		-		
	-		-		-		-		-		-		-		

Approved for Payment:

_____ **Principal/Department Head Signature** _____ **Date** _____

_____ **Superintendent Signature [if applicable]** _____ **Date** _____