AUBURN CITY SCHOOLS LEAVE REQUEST EXPENSE SUMMARY

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 odometer	end odometer		
Parking and Toll Fees:		[attached dated receipts]		miles	@ \$.57.5	ad datad or band		
Limousine or Taxi Fees:		[attached dated or hand receipts]	Baggage I	Handling Fees:	receipts	ed dated of fland 6]		
Other Expenses:		[dated receipts]	Telephone Calls:		[board	business only]		
Meal Expenses: In State Travel [Maximum Breakfast-\$15; Lunch-\$20; Dinner-\$30] Out of State Travel [Maximum Breakfast-\$20; Lunch-\$25; Dinner-\$30] [Gratuity not to exceed 15%, part of maximum allowance]								
Date	Breakfast		Lunch		Dinner		Daily Totals	
Date	Location	Amount	Location	Amount	Location	Amount	Daily Totals	
+								
Daily Travel Outside City Limits Destination Justification								
•	•		dadinadion	[Total Allowable E	xpenses		
I certify the above is correct and due for services and/or travel reimbursement. Applicant's Signature								
G/L Account: Applicant's Signature Amount								
Approved for Payment:								
Principal/D	Department Head Signature	Da	ate	Superintendent Signature [if applicable] Date				