

NAME _____

ITEMIZED EXPENSES FOR THE MONTH OF _____

| DATE | PLACE VISITED | PURPOSE OF VISIT | MILEAGE | OTHER EXPENSES |
|------|---------------|------------------|---------|----------------|
| | | | | |
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| | | | | |

TOTAL MILEAGE _____ MILES @ _____ = _____

TOTAL OTHER EXPENSES (FROM ABOVE) _____

TOTAL EXPENSES FOR THE MONTH _____

PLEASE ATTACH ALL RECEIPTS FOR OTHER EXPENSES

YOUR SIGNATURE _____

PRINCIPAL'S SIGNATURE _____

DISTRICT ADMINISTRATOR'S SIGNATURE _____

ACCOUNT NO. _ _ - _ 00 - _ _ _ _ - _ _ _ _