Maynard School District

STATEMENT OF TRAVEL EXPENSE

NAME _____

DESTINATION: _____ MILES TRAVELED: _____

PURPOSE OF TRAVEL: _____

DATE: _____

STATEMENT OF EXPENSES INVURRED:

- Public Transportation (attach ticket) . . . . . $ _____
- Taxi Fare and Parking expense . . . . . $ _____
- Mileage (.42 per mile) . . . . . $ _____
- Lodging (attach receipts) . . . . . $ _____
- Meals (attach receipts) . . . . . $ _____
- Registration fees . . . . . $ _____
- Miscellaneous expenses (total) . . . . . $ _____

  List below:

  _____

  _____

  _____

  DATE: _____ SIGNATURE _____

  APPROVED: _____