

**SCHOOL DISTRICT OF ALTOONA
EXPENSE REIMBURSEMENT**

1. Name of Person: _____
 2. Nature of Activity: _____
 3. Date of Activity: _____
 4. Place of Activity: _____

5. Lodging: (attach receipts) Total #5 \$ _____

6. Meals: (attach receipts)

	Mon	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Breakfast							
Lunch							
Dinner							
Total							

Total #6 \$ _____

7. Transportation: (attach receipts, if applicable)

Auto _____ miles @ \$.535/mile = _____

Parking _____

Other _____

Total #7 \$ _____

8. Miscellaneous Reimbursable Expenses: (attach receipts)

Total #8 \$ _____

9. I certify this to be a true statement of the actual and necessary expenses incurred, and not entertainment expenses are included.

**GRAND
TOTAL \$ _____**

Signature _____

Date _____

For Office Use Only

Account Number _____ **AMOUNT APPROVED \$** _____

Supervisor Approval _____ Date _____

Business Office Approval _____ Date _____