

**Tarrant City Board of Education  
EMPLOYEE EXPENSE STATEMENT**

PO # \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ School: TES / TIS / THS / TBOE  
 Mailing Address: \_\_\_\_\_  
 Position: Teacher / Paraprofessional / Administrator / Other \_\_\_\_\_  
 Purpose of Trip: \_\_\_\_\_

**Expenses were incurred:**

Date(s): \_\_\_\_\_ Place: \_\_\_\_\_

**Actual Expenses:**

Reimbursement outside a 40 mile radius from worksite/home, whichever is closer to PD site.

			OFFICE USE ONLY
<input type="checkbox"/>	Auto	Total Miles: _____ @ \$0._____/mile One way _____ To _____ & return \$ _____	
<input type="checkbox"/>	Meals	Overnight stay not to exceed \$45 times the # of day(s) / <u>If covered by a grant day PD \$15 for lunch - Please list the name of the grant</u> _____  <i>Attach original itemized meal receipts for reimbursement</i> \$ _____	
<input type="checkbox"/>	Other	Original itemized and attach receipts (Example: parking, taxi, toll bridge, etc.) 1.) _____ \$ _____ 2.) _____ \$ _____ 3.) _____ \$ _____	
<b>Total Expenses Due Employee:</b>			\$ _____

If Traveling by Vehicle: [ ] Own/Operate [ ] Passenger  
 If Carpooling - please list everyone riding in the same vehicle: \_\_\_\_\_

I hereby certify that the above is correct and due for services performed and/or travel expenses incurred by me in the performance of official duties for the Tarrant City Board of Education.  
 I have attached proof of PD attendance to this reimbursement sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fund	Account Type	Func Acct Code	Object	Cost Center	Source Funds	AY	Program	Special Use	Amount	Fund Manager Approval
									\$	
									\$	

Principal or Direct Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_