TARRANT CITY BOARD OF EDUCATION

EMPLOYEE EXPENSE STATEMENT

Date _____

Name: _____ School: _____

Mailing Address _____

Position: _____ Purpose of Trip: _____

Expenses were incurred: Date(s): _____ Place: _____

Date & Time of Departure: _____ Date & Time of Return: _____

ACTUAL EXPENSES:

		OFFICE USE ONLY
Registration _____ Please attach copy of registration & receipt	$ _____	
Lodging: # Nights _____ at _____ per night Please attach bills to verify claim.....	$ _____	
☐ Airfare From: _____ To _____ & return	$ _____	
(Attach receipts with ticket stubs and/or electronic documents with your name listed)		
☐ Auto **Total Miles** _____ @ $0._____/ mile	$ _____	
One way _____ To _____ & return		
Meals reimbursed up to $40/day per Overnight Stay	$ _____	
(Attach itemized meal receipts for reimbursement)		
Other expenses (Itemize and attach receipts): 1. _____	$ _____	
2. _____	$ _____	
3. _____	$ _____	
List names of other persons in party that expenses are claimed for: _____		
If Traveling by Vehicle: [ ] Own/Operate [ ] Passenger		
Total Expenses Due Employee:	$ _____	$

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.

Signature _____ S.S.#: _____

PLEASE DO NOT WRITE BELOW LINE - FOR OFFICE USE ONLY

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

Principal or Direct Supervisor _____ Date_____ Superintendent _____ Date_____