

**OTTUMWA COMMUNITY SCHOOL DISTRICT  
EXPENSE REPORT**

Name of Employee \_\_\_\_\_

Title of Event or Meeting \_\_\_\_\_

Home Address \_\_\_\_\_

Location of Event or Meeting \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date Left \_\_\_\_\_

Date Returned \_\_\_\_\_

I certify that the amounts listed below are a true and accurate accounting of expenses for this meeting per Board policy.

\_\_\_\_\_  
Employee Signature

ITEMIZED RECEIPTS are required for Hotel, Meals, Registration, Public Transportation

Date:								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Hotel								
Breakfast								
Lunch								
Dinner								
Parking								
Public Transportation								
Registration								
Other (Explain)								
TOTAL								

PRIVATE VEHICLE \_\_\_\_\_ Miles x 0.38 per mile

Comments/Explanation of above expenses: \_\_\_\_\_

TOTAL EXPENSE \_\_\_\_\_

Maximum to be reimbursed  
(if applicable) \_\_\_\_\_

Account No. \_\_\_\_\_

Approved by \_\_\_\_\_

Principal/Supervisor

PO No. \_\_\_\_\_

Business Manager