

WEST MARSHALL COMM. SCHOOLS
 PO Box 670, 601 3rd Street NW
 State Center, Iowa 50247

**EXPENSE
 REPORT**

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

REASON OF EXPENSES _____

SIGNATURE OF SUPERVISOR/ PRINCIPAL/SUPT. _____

ENTER TOTALS IN THE SPACE BELOW

Date	Day	Travel or Mileage	Meals	Hotel Charges	Misc. Expense	Acct. #	TOTAL
	Mon.	\$ _____	\$ _____	\$ _____	\$ _____		\$ _____
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
	Sat.						
	Sun.						
Totals		\$ _____	\$ _____	\$ _____	\$ _____		\$ _____

NOTE: You must attach *itemized* receipts for any and all expenses incurred. **Reimbursement will NOT be made from credit card receipts or credit card bills.**

School Use Only

Approved By _____

Check # _____ Amt. Check \$ _____

Total Expenses \$ _____

Less Personal Expense \$ _____

Total Due Claimant \$ _____

Amount	Account	Amount	Activity
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____
\$ _____	_____	\$ _____	_____

I hereby certify that the above expense is a true statement of travel expenses incurred in the performance of business activities of West Marshall Comm. Schools.

Employee Signature: _____

Date: _____