

# NORTH FRANKLIN SCHOOL DISTRICT EXPENSE REPORT

<b>Employee:</b>		<b>School/Program:</b>	
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For traveling and incidental expenses incurred during the month of \_\_\_\_\_, 20\_\_\_\_  
**MUST explain in detail below: destination, dates, purpose, mileage to/from, and attach original itemized receipts to be reimbursed.** \*Requires Original Itemized Receipt Attached

Date	Description / Purpose (Location/City, Meeting, Conference, Workshop, etc.)	Number of Miles	Other Trans*	Lodging*	Meals*	Other*
	Total Miles	X 0.67				

☐ *No original itemized receipt attached*  
☐ *Signature Needed*      ☐ *Account Code Needed*

<b>Totals</b>					
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<b>Grand Total</b>	
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I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

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Employee Signature

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Employee Address

Principal/Supervisor Signature \_\_\_\_\_

Approved	Disapproved	Date
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Account Code



**FOR BUSINESS OFFICE USE**

Amount Allowed \$	Date
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Business Manager's Signature \_\_\_\_\_ Revised January 2024