



WAYNESBORO AREA SCHOOL DISTRICT
WAYNESBORO, PENNSYLVANIA
OUT OF DISTRICT TRAVEL EXPENSES

Name: _____ **Date:** _____

The above named was granted permission to attend the: _____

at: _____

On the following dates: _____

Date	Automobile Expense			Meals			Miscellaneous (Please explain)
	From	To	Miles*	Breakfast	Lunch	Dinner	
TOTALS							

The above is a correct statement of my expenses for the period covered.

 Employee's Signature

 Principal/Supervisor's Signature

Please attach all receipts to this form for reimbursement.

*Mileage is reimbursed at the rate set by the IRS.