



BUDGET CODE: _____

PAID _____ Check # _____

NORFOLK PUBLIC SCHOOLS

Travel and Other Expense Form

Name: _____ Building: _____

Reason for Official Business: _____

Date(s) of Official Business: _____

Complete in detail as follows:

DATE						Totals
Motel/Hotel						
Breakfast						
Lunch						
Dinner						
Taxi/Bus						
Telephone						
Other (Itemize)						
Column Totals						

Transportation:

From: _____ To: _____ = _____ Miles

Mileage	
Subtotal	
Less Cash Advanced	
Total Owed to you	
Total Due	

In order to receive reimbursement, all receipts must be attached to this form.

I hereby certify that the above expenses were actually incurred by me in the performance of my duties as an employee or representative of the Norfolk Public Schools.

Employee Signature: _____ Date: _____

Approved by: _____ Date: _____



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