LAKEVIEW SCHOOL DISTRICT
TRAVEL EXPENSE REPORT

NAME_____ TRIP:_____

ACCOUNT NUMBER:_____ REASON:_____

DATE OF TRAVEL:_____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL
BREAKFAST								0
LUNCH								0
DINNER								0
LODGING								0
MISC (ITEMIZE)								0
								0
								0
Total Miles Driven								0
MILEAGE @ .57.5								0
TOTAL EXPENSES	0	0	0	0	0	0	0	0

TOTAL DUE TO EMPLOYEE: 0

_____
date

_____
employee signature

_____
administrative approval

Reimbursement Guidelines:

Meals will be reimbursed at a rate not to exceed $45 per day including tip.

Be sure to attach ITEMIZED receipts or reimbursement
will be considered to be invalid.

rev 1/16/20 travel form