



TRAVEL EXPENSE REPORT (TER)

List ONLY expenses paid by employee

NAME: _____ SITE: _____

Name of conference or workshop: _____

Date: _____ Place: _____

- REQUIREMENTS:**
1. Reimbursement *cannot* be made without itemized receipts
 2. Please submit within ten (10) days of travel
 3. Reimbursement checks will be sent to school/site

GIVE DATE(S) OF FIRST AND LAST DAYS ONLY.	SUN	MON	TUE	WED	THUR	FRI	SAT	WEEKLY TOTAL BY ITEM(S)
	LODGING							
MEAL(S) (\$50 PER DAY)								
AIR/SHUTTLE/ BUS/TAXI								
MILEAGE (54.5¢ PER MILE) Attach Map to verify								
PARKING								
DAILY TOTALS								
DATE Processed: _____ AMOUNT REIMBURSED TO EMPLOYEE: \$ _____								

Employee's Signature _____ Date _____ Site Administrator Signature _____ Date _____

Account number/s to be charged: _____

Account number/s to be charged: _____

Account number/s to be charged: _____

Approval by Budget Authority _____ Date _____ Assistant Supt./Business Services _____ Date _____

BUSINESS OFFICE USE ONLY		AMOUNTS
Encumbered Date: _____	P.O.# _____	_____
_____	P.O.# _____	_____
_____	P.O.# _____	_____
_____	P.O.# _____	_____