CHADRON PUBLIC SCHOOLS

Expense Report

EMPLOYEE INFORMATION:

Name _____ Position _____

Building _____

PURPOSE OF TRIP: _____ **DATE OF TRIP:** _____

Date	Description	B - $5 L - $10 D - $15	Miles	Mileage @ $.55/mile	Lodging	Misc.	Total

EMPLOYEE: _____ **DATE:** _____ **CODING:** _____

SUPERVISOR: _____ **DATE:** _____

SUPERINTENDENT: _____ **DATE:** _____

Meal reimbursement: Breakfast - travel between 6am - 8am
Lunch - travel between 12pm - 2pm
Dinner - travel between 6pm - 8pm

Meal reimbursement not allowed if meal provided by conference