

# LISBON EXEMPTED VILLAGE SCHOOL DISTRICT

## TRAVEL EXPENSES

<b>MEETING:</b>		
DATE:		
LOCATION:		
REGISTRATION:		\$
MILEAGE:		\$
MEALS:		\$
OTHER:		\$
	TOTAL	\$

<b>MEETING:</b>		
DATE:		
LOCATION:		
REGISTRATION:		\$
MILEAGE:		\$
MEALS:		\$
OTHER:		\$
	TOTAL	\$

<b>MEETING:</b>		
DATE:		
LOCATION:		
REGISTRATION:		\$
MILEAGE:		\$
MEALS:		\$
OTHER:		\$
	TOTAL	\$

<b>MEETING:</b>		
DATE:		
LOCATION:		
REGISTRATION:		\$
MILEAGE:		\$
MEALS:		\$
OTHER:		\$
	TOTAL	\$

All expenses submitted for reimbursement must be accompanied by original receipts to receive total reimbursement.

Employee Signature \_\_\_\_\_ Building \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by Superintendent \_\_\_\_\_ Date \_\_\_\_\_