

Madison City Schools
Employee Expense Statement

Name: _____ Address: _____

Location/ Position : _____ Dates of Absence: _____

Location of Activity: _____ Title of Activity: _____

REGISTRATION FEES: (Paid by Employee – attach registration receipt and meeting agenda)\$ _____

HOTEL: (Number of Nights _____ x Daily Rate _____)..... \$ _____
Paid by employee (attach hotel receipt)

TRANSPORTATION FEES: (From: _____ To: _____)

Airfare: Paid by employee (attach airline receipt)\$ _____

Auto: (_____ Roundtrip miles x _____)\$ _____

Rental Car: (attach rental car receipt).....\$ _____

PER DIEM: (Hour of Departure: _____ Hour of Return: _____)

Full Day \$40 x _____ # of Days = _____

Part Day \$10 breakfast x _____ # of Days = _____

Part Day \$10 lunch x _____ # of Days = _____

Part Day \$20 dinner x _____ # of Days = _____

Total Per Diem \$ _____

MISCELLANEOUS ITEMS: (attach all receipts for items listed below)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

TOTAL EXPENSES DUE EMPLOYEE: \$ _____

List names of persons in party for which expenses are claimed (riding with, rooming with, etc.) _____

I certify that the above is correct and due for services performed and/or travel reimbursement.

Signature: _____ SSN: _____

PLEASE DO NOT WRITE BELOW THE LINE – FOR OFFICE USE ONLY!!

Bookkeepers Initials

Principal or Direct Supervisor/Date

Superintendent/Director/Designee

Fund Number/s: _____

NOTE: Attach all appropriate documents and receipts for reimbursement.