

# Teaching STATEMENT OF EXPENSE

*Please Print and Attach All Receipts*

VENDOR

*Office Use Only*

Name: \_\_\_\_\_ Area: \_\_\_\_\_ School: \_\_\_\_\_

Name of In-service: \_\_\_\_\_

In-service Details: \_\_\_\_\_

Date of In-service: \_\_\_\_\_ Location of In-service: \_\_\_\_\_

Traveling From: \_\_\_\_\_ To: \_\_\_\_\_

**Mileage Claims**                      **Car**                      **Total Mileage:** \_\_\_\_\_ **x Rate** \_\_\_\_\_ **Total:** \_\_\_\_\_

*Rates: North .55 and South .50*

**If more than one individual is attending the same event, they must car pool (4 per vehicle). For multiple vehicle mileage claims, claims will be split by number of people attending divided by 4.**

**Cost of Fare for Travel:** (if paid by the individual)                      **Plane**                      **Train**                      **Bus**                      **Total:** \_\_\_\_\_

**Accommodation & Meals:** (if paid by the individual)

Date	Breakfast \$11.50	Lunch \$16.00	Supper \$30.00	Hotel	Room \$50.00	Total

**Hotel** (if paid by claiming individual) **or Room** (if individual stayed at a private residence @ \$50.00/day)

**Other Expenses:** (if paid by the individual)

**Taxi** (Attach Receipts): \_\_\_\_\_

**Registration Fees:** (Event Name) \_\_\_\_\_

**Other Expenses:** (Provide Details) \_\_\_\_\_

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

**TOTAL EXPENSE CLAIM:** \_\_\_\_\_

\_\_\_\_\_  
Literacy Instructional Coach Signature

**TOTAL APPROVED EXPENSE CLAIM:** \_\_\_\_\_

\_\_\_\_\_  
Area/Division Office Signature

<b>Budget Code:</b>	
<b>Budget Code:</b>	