

School District No. 1
Travel Expense Report

Name _____ School Name
or Dept. _____

Name of Meeting _____

Place of Meeting _____

Dates of Meeting _____

Chargeable expenses incurred pertaining to this meeting:

(Note: Internal Revenue Service rulings require an "adequate accounting be made for reimbursed travel expenses." Consequently, it is necessary for you to document all expenses, except meals, with **original receipts**.)

ACCT #	0580	Expenses Claimed (Traveler)	Expenses Approved (Travel Tech)
1.	Airfare/Transportation	\$ _____	\$ _____
2.	Lodging (Itemized Statement Required)	\$ _____	\$ _____
3.	Other expenses (Total from Page 2)	\$ _____	\$ _____
4.	Registration Fee	\$ _____	\$ _____
5.	Subtotal	\$ _____	\$ _____
6.	Amount of Travel Advance Received	\$ _____	\$ _____
7.	Total Due/Total to be Repaid (Difference between line 5 and 6)	\$ _____	\$ _____

The following are not allowable travel expenses: alcohol, movies, dry-cleaning, exercise room charges, entertainment, personal long distance calls.

I hereby certify that the above is a true and accurate report of total chargeable expenses incurred by me pertaining to this trip.

Signature _____ Date _____

Mailing Address _____

City and State _____ Zip Code _____

Submit completed forms to the Travel Technician, Accounts Payable

Original (white) -Accounts Payable Travel Technician
Duplicate (yellow)- Employee

SUPPORTING STATEMENT OF "OTHER EXPENSES"

Name _____

Expenses must be itemized daily. The maximum daily reimbursement for meals and incidental expenses is "The Established Per Diem" as determined yearly by the School Board. Receipts are not required for food. Ground transportation includes taxi fares for business related expenses, **rental car charges (use must be preapproved)**, tolls, and parking fees. Do not include expenses for airfare or lodging on this page.

1. Date _____ a. Per Diem \$ _____ b. Ground Transportation \$ _____	6. Date _____ a. Per Diem \$ _____ b. Ground Transportation \$ _____
2. Date _____ a. Per Diem \$ _____ b. Ground Transportation \$ _____	7. Date _____ a. Per Diem \$ _____ b. Ground Transportation \$ _____
3. Date _____ a. Per Diem \$ _____ b. Ground Transportation \$ _____	8. Date _____ a. Per Diem \$ _____ b. Ground Transportation \$ _____
4. Date _____ a. Per Diem \$ _____ b. Ground Transportation \$ _____	9. Date _____ a. Per Diem \$ _____ b. Ground Transportation \$ _____
5. Date _____ a. Per Diem \$ _____ b. Ground Transportation \$ _____	10. Date _____ a. Per Diem \$ _____ b. Ground Transportation \$ _____
Total expenses reported as <u>Item 3</u> , on Page 1 \$ _____	

Original (white) -Accounts Payable Travel Technician
 Duplicate (yellow)- Employee

SUMMARY REPORT OF PROFESSIONAL LEAVE ACTIVITY

Name _____

School or Department _____

Meeting Attended _____

Location _____

1. Purpose or theme of activity:

2. Significant ideas that might be useful in the Denver Public Schools:

3. General evaluation of the meetings and speakers:

4. Remarks:

Signature

Classification _____

Original (white) -Accounts Payable Travel Technician
Duplicate (yellow)-Accounts Payable Travel Technician
Triplicate (pink) - Employee