

**OPP CITY SCHOOLS
TRAVEL EXPENSE REIMBURSEMENT FORM**

NAME _____

SCHOOL/DEPARTMENT _____

FOR: Reimbursement of travel and other expenses incurred while attending professional development conferences or in the performance of other school business.

PURPOSE OF TRAVEL: _____

CHARGE TO GL ACCOUNT CODE: _____
Completed By Central Office

DATE OF TRAVEL	LODGING	MEALS	MILEAGE	RATE	TOTAL	OTHER EXPENSES		TOTAL

Voucher Total \$ _____

Signature - Certifying The Above To Be Correct

NOTE: Please attach all itemized receipts and agenda.