WEBSTER COUNTY SCHOOLS
TRAVEL EXPENSE REPORT

NAME_____MONTH/YEAR_____

DATE	MEETING/CONFERENCE TITLE	MILES	MEALS	LODGING

MILES_____x .725

_____
SIGNATURE OF EMPLOYEE

TOTAL FOR MILES_____
MEALS_____
LODGING_____
_
FEES_____
TOTAL EXPENSES_____

_____
SIGNATURE OF ADMINISTRATOR