WEBSTER COUNTY SCHOOLS
TRAVEL EXPENSE REPORT

NAME_____DATE_____

DATE	MEETING/CONFERENCE TITLE	MILES	MEALS	LODGING

I certify that the amounts listed are the actual expenses incurred.

MILES _____x .67

TOTAL FOR MILES_____

_____
SIGNATURE OF EMPLOYEE

MEALS_____

LODGING_____

FEES_____

TOTAL
EXPENSES_____

_____
SIGNATURE OF ADMINISTRATOR