## **EMPLOYEE EXPENSE REPORT**



EMPLOYEE SIGNATURE

SUPERVISOR APPROVAL

FINANCE DEPT. REVIEWAL

BLOOMINGTON	Date:	
Public Schools	Please Provide Your Employee Number	,
	EMPLOYEE ID NUMBER	]
EMPLOYEE NAME:		_
SCHOOL/DEPARTMENT	T/BUILDING:	_
HOME ADDRESS:		_
CITY:	ZIP:	
	of EXPENSES supported by ORIGINAL RECEIPTS: (Please use form on back to explain TRAVEL expenses)	
<u>Vendor</u> <u>Name</u>	<u>Explanation</u>	Amount (do <b>not</b> include sales tax)
		\$
		\$
		\$
		\$
	* Travel expenses total from back page	\$
	Total expense	
	Amount due Employee	
BUDGET CODE	AMOUN'	Γ_\$
BUDGET CODE	AMOUN'	Γ_\$
BUDGET CODE	AMOUN <sup>-</sup>	Г <u>\$</u>
This is a true statement of all of	expenses incurred by me on behalf of the School District.	,

DATE

DATE

DATE

## **Business Travel Related To Conference/Workshop Only**

Explanation of TRAVEL expenses supported by ORIGINAL RECEIPTS:

scription of conference/workshop attended: (please include a copy of your registration form)		
alugiva datas of traval:		
clusive dates of travel		
Vendor Name	Explanation	Amount
veridor ivanie	Explanation	Amount

<sup>\*\*</sup> Note maximum per diem allowance per day for meals is \$64.00 (July 2009) This includes tips - see District policy 412. (Suggested: breakfast - \$12, lunch - \$20, dinner - \$32)