

Regional School District No. 17

57 LITTLE CITY ROAD, P.O. BOX 568
HIGGANUM, CONNECTICUT 06441-0568
TEL: (860) 345-4534 / FAX (860) 345-2817

BUSINESS AND TRAVEL EXPENSE

CENTRAL OFFICE

NAME _____

<u>DATE</u>	<u>MILES</u>	<u>EXPLANATION</u>	<u>OTHER EXPENSES</u>
		(Destination)	(Tolls, Fees, Hotel...)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL MILES: _____ X _____ PER MILE = \$ _____

TOTAL EXPENSES: \$ _____

GRAND TOTAL (MILES + EXPENSES): \$ _____

Tax can not be reimbursed.

SIGNATURE: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

ACCOUNT NUMBER: _____