

Belleville High School Federation of Teachers Local 434

Travel Expense Report

Name	
Purpose of Travel	

Expenses	Dates	Details	Amount
Transportation		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
Own car		Mileage (How many miles _____ x .565)	
Lodging		Location	
		Location	
		Location	
		Location	
Meals		(Not to exceed \$75/day)	
		(Not to exceed \$75/day)	
		(Not to exceed \$75/day)	
		(Not to exceed 750/day)	
Conference fees		Purpose	
		Purpose	
Other		Purpose	
		Purpose	
		Purpose	
		Purpose	
Total amount owing to employee			

Signature	Date
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Please attach receipts for all listed expenses, sign the form and send to Julie Siebers, Comptroller