

**CLIFFSIDE PARK PUBLIC SCHOOLS
CLIFFSIDE PARK, N.J.**

REQUEST FOR TRAVEL EXPENSE REPORT

To: Superintendent of Schools

Date: _____

From: _____
(Print Name)

I hereby request reimbursement for expenses incurred while attending:

List Title of Convention, Conference, Workshop, Etc.

To be held on _____
Date(s)

At _____
Place & Address

My estimated expenses are as follows:

| Date of Travel: | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total Expenses |
|--|-------|-------|-------|-------|-------|----------------|
| 1. Registration Fee (if any) <i>Training Costs</i> | | | | | | \$ |
| 2. Transportation <i>Travel Costs</i> (Plane, Train, Etc.) | | | | | | \$ |
| 3. Car Allowance <i>Travel Costs</i> (Mile@ 0.47¢-per contract) | | | | | | \$ |
| 4. Tolls <i>Travel Costs</i> | | | | | | \$ |
| 5. Accommodations <i>Travel Costs</i> | | | | | | \$ |
| 6. Other Expenses *List Below (Parking, Etc., <i>Professional Dues/Fees</i>) | | | | | | \$ |
| Total Each Day | \$ | \$ | \$ | \$ | \$ | \$ |

* _____ \$ _____

* _____ \$ _____

Unless otherwise directed, use these account #s:
 Lines 1, 5, 6: use 11-000-223-580-##-01-0000-###
 Lines 2, 3, 4: use 11-000-223-580-##-00-0000-###
 # = use your school building codes.

Remarks: _____

Signature: _____
Employee

School: _____

Approved: _____
Principal Signature & Date

Approved: _____
Superintendent of Schools

Date: _____

Date: _____