DEWITT SCHOOL DISTRICT

TRAVEL EXPENSE REIMBURSEMENT FORM, TR-1E

** PER DIEM $31.00 A DAY

DEPARTMENT _____ OFFICIAL STATION _____

NAME OF PAYEE _____ PRIVATE VEHICLE LICENSE NO. _____

PLACE OF RESIDENCE AND ADDRESS _____

DATE		DETAILED EXPENDITURES (OTHER THAN MILEAGE)									TRAVEL BY PRIVATELY OWNED VEHICLE				
Mo	Day	NAME OF TOWN VISITED	COMMON CARRIER	HOTEL ROOM	MEALS	PER DIEM	TAXI	INCIDENTALS*	TELEPHON	TOTAL PER DAY	BETWEEN WHAT POINTS FROM	TO	MILEAGE DRIVEN	RATE PER PER MILE	AMOUNT CLAIMED
SUB-TOTALS											TOTALS FOR MILEAGE				

* INCIDENTALS (1) Postage (2) Parking Fee (3) Registration Fee (4) Emergency Car Repairs (5) Guide Service for the Blind (6) Minor Purchases (7) Meals for State Guests and Wards of the State (8) Other (Explain)

RECAPITULATION

SUB-TOTAL _____

MILEAGE CLAIMED _____

TOTAL CLAIMED _____

Approved _____
Travel Supervisor

_____
Signature of Payee

_____
Signature of Principal/Supervisor