Rumson School District Expense Report

Employee:										
School:										
Board Approval Date: Purpose of Travel:										
Reflection of how and when this PD will be applied:										
	<u> </u>		(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Date(s)	Destination	DP/FD	\$.31/mile	Tolls	Train	Taxi	Parking	Hotel	Other	Total A-G
				\$	\$	\$	\$	\$	\$	
								GRANI	O TOTAL	
						<u> </u>				
Employee Signature:					Date:					
	0			_				_		
Supervisor Signature:				_	Date:					

All Mileage and Tolls begin and end with either DP or FD Receipts must be attached for reimbursement Submit this form with a voucher for payment