

# Rumson School District Expense Report

Employee:
School:
Board Approval Date:
Purpose of Travel:

Reflection of how and when this PD will be applied:

Date(s)	Destination	Mileage**	(A) Total Mileage @ .31/mile	(B) Tolls**	(C) Train	(D) Bus	(E) Taxi	(F) Parking	(G) Other	Total of A-G
			\$	\$	\$	\$	\$	\$	\$	\$
<b>GRAND TOTAL</b>										\$

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*All Mileage and Tolls involve a calculation as follows:  
Receipts must be attached for reimbursement  
Submit this form with a voucher for payment

**\*\*Mileage:** Equals RT miles between 60 Forrest Avenue and the PD Destination  
**LESS** RT miles between your home and 60 Forrest Avenue

**\*\*Tolls:** Equals the total of RT Tolls between 60 Forrest Avenue and the PD Destination  
**LESS** the total of RT Tolls between your home and 60 Forrest Avenue