

Rumson School District Expense Report

Employee:
School:
Board Approval Date:
Purpose of Travel:
Reflection of how and when this PD will be applied:

		(A)	(B)	(C)	(D)	(E)	(F)	(G)		
Date(s)	Destination	Miles from DP/FD School	Total Mileage @ .47/mile	Tolls	Train	Bus	Taxi	Parking	Other	Total of A-G
			\$	\$	\$	\$	\$	\$	\$	\$
									GRAND TOTAL	\$

Employee Signature:	Date:
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