Canby School District
EXPENSE REPORT

Name _____ **Employee #** _____

For Period _____ to _____ CODE # _____ _____ _____ _____ _____

FUND FUNCTION OBJECT CENTER AREA

Date	Description	Miles	Meals	Lodging	Other Expenses
	TOTALS				

Mileage Rate per Mile $ 0.535

Total Mileage Reimb.	$ _____
Total Meals	$ _____
Total Lodging	$ _____
Total Other Exp.	$ _____
Total Claim	$ _____
Page 1 Total	$ _____
Balance Due	$ _____

Receipts are required for all expenditures except mileage, tips, taxi fares, and metered parking.

I certify that the above information is a true correct statement of expenses incurred in connection with my duty for the District.

Signature	Date
Approval Signature	Date