

**Strait Regional School Board
Meeting and Travel Expense Report**

Last Name: Employee No: Period: From to
 First Name: Vendor No: School / Dept:

Date											Totals
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Accomodations

Hotels											
Private											
Total											

Meals

Breakfast											
Lunch											
Dinner											
Total											

Other

List											
List											
List											
Total											

Metrage

Actual KMs											
Rate per KM											
Total											

Due to Employee

For Office Use Only

G/L	Fund Center	Functional Area	Fund	Amount

I hereby certify that the metrage and expenses claimed herein are correct in all respects and that the entire expenditure was incurred on School Board business.

Employee Signature:

Supervisor Signature:

Director Signature:

