

Argyle Independent School District

Expense Report

(Must be turned in before PO can be approved.)

Employee _____

Event _____

Date(s) of Event _____

Hotel: _____
(Requires a separate check paid directly to hotel.)

\$ _____

Meals Per Diem:

_____ Students x _____ meals x \$ 5.00 = _____

_____ Adults x _____ breakfast x \$ 5.00 = _____

_____ Adults x _____ lunch x \$ 8.00 = _____

_____ Adults x _____ dinner x \$12.00 = _____

Total Meals \$ _____

Transportation:

Mileage: _____ miles @ .42/mile \$ _____

Reimbursable gas (cannot claim mileage & gas) \$ _____

Other (taxi, parking, rental cars, etc.) \$ _____

Airfare \$ _____

Total Transportation \$ _____

Other Expenses

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

I certify that the expenses are correct and have not been claimed elsewhere. All original receipts for expenses listed above (excluding per diem meals) need to be forwarded to the Business Office within 3 days of return.

Employee

Employee Supervisor

Date