

**HOLDEN R-III SCHOOL DISTRICT  
EXPENSE STATEMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Purpose of Travel:

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Destination: \_\_\_\_\_

Number of Miles: \_\_\_\_\_ @ \$0.43 cents = \$ \_\_\_\_\_

Meals: (Meal reimbursement will be at a maximum rate of \$20 per day, and only if the employee is required to stay overnight. Meal reimbursement for employees attending one day meetings will be at a maximum rate of \$10 for the day.) \$ \_\_\_\_\_

Rooms: \$ \_\_\_\_\_

Other Expenses: \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Approved:  
  
\_\_\_\_\_  
Principal

Approved:  
  
\_\_\_\_\_  
Superintendent

Comments:

**BUDGET CODE:** \_\_\_\_\_

**Directions for Expense Statements:**

1. Expense statement must be submitted after trip is complete
2. Attached all receipts to back of form
3. "Other Expenses" covers expense of extra service on school business, with explanation

Received: \_\_\_\_\_ Posted: \_\_\_\_\_