# EVERETT PUBLIC SCHOOLS

# Statement of Travel Expenses
*Type or print in ink*

Name _____    School/Dept/Position _____

Destination _____    Purpose _____

Departed/Began Travel Status:    Date: _____    Time: _____    Employee ID # _____
Returned/Ended Travel Status:    Date: _____    Time: _____

(Note: If you are claiming entitlement to all three meals in any one given day, you may claim the total per diem in the "Total for Day" column. If any meals are provided as part of registration expense, traveler should adjust meals claimed accordingly.)

| Total Day Per Diem In-State $64 Out-of-State $69 | Date | | Breakfast In-State/$15 Out-of-State/$16 | Lunch In-State/$18 Out-of-State/$19 | Dinner In-State/$31 Out-of-State/$34 | TOTAL for Day |
|---|---|---|---|---|---|---|
| First Day/ Day 1 | | | | | | $ |
| Day 2 | | | | | | $ |
| Day 3 | | | | | | $ |
| Day 4 | | | | | | $ |
| Day 5 | | | | | | $ |
| Day 6 | | | | | | $ |
| Day 7 | | | | | | $ |
| **SUBTOTAL** | | | | | | $ |

*Hotel/Lodging (Omit if paid by District) _____    _____

*Travel via Air _____    Baggage _____  .................    $ _____
*(Omit if paid by District)*

Personal Vehicle _____ Miles @  0.70  $ per mile .................    $ _____

*Registration (Omit if paid by District) .........................    _____

*Other (please specify): _____    _____

Deduct:  Travel Advance .........................    _____
*Itemized receipts must be attached.*

**GRAND TOTAL**    $ _____

| FOR ACCOUNTING OFFICE USE ONLY: |
|---|
| Account Code: _____ |

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

_____    _____
Employee Signature    Date