Fraser Public Schools 2025 Expense Report



Name				_	Date	
Conference Name and Location				-		
Please note the following:						
Only record what you actually paid	for out of p	ocket.				
DO NOT include expenses for unaut	thorized pe	ople (e.g. s	pouse).			
Attach all receipts to this form. All re	eceipts mu	st be itemiz	ed.			
Expense Description	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	<u>Date</u>	Item Total
Miles traveled (car only)						
Mileage @ per mile						\$
Lodging (include tax)						\$
Meals (\$40 per diem limit, gratuities limited to 20%)						\$
Registration						\$
Parking						\$
Other						\$
(description)						
Daily Expense Totals	\$	\$	\$	\$	\$	\$
		Am	ount due to	Employee	\$	
Employee Name (Print)		_	Employee Signature			
Mailing Address		_	Approval			
		_				
			ASN#			