

**NORTHSHORE CHARTER SCHOOL  
TRAVEL EXPENSE REIMBURSEMENT REPORT**

NAME OF EMPLOYEE
HOME ADDRESS
CITY/STATE/ZIP

DATE OF CLAIM
POSITION
PERIOD OF TRAVEL
FUNDING SOURCE

<b>TRAVEL EXPENSE SUMMARY</b>
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PERSONAL CAR	PER MILE COST	miles @ .54		\$
SUBSISTENCE				\$
	LODGING		\$	
	MEALS		\$	
TOLLS AND PARKING				\$
TIPS				\$
OTHER EXPENSES				\$
	REGISTRATION FEES		\$	
	MEMBERSHIP FEES		\$	
	OTHER (Explain)		\$	
<b>TOTAL TRAVEL EXPENSES</b>				<b>\$</b>
<b>LESS: TRAVEL ADVANCE</b>				<b>\$</b>
<b>TOTAL REIMBURSEMENT DUE TRAVELER</b>				<b>\$</b>

Signature of Traveler	Date:

I hereby certify that expenses listed above were incurred by me on official business of Northshore Charter School and include only such expenses as were necessary in the conduct of this business.

Signature of Traveler's Supervisor	Date:

I hereby certify that the travel undertaken in this reimbursement voucher has been reviewed and approved as necessary for the conduct of business for Northshore Charter School.



