

Last Name _____ P.O. # _____

FAIRFIELD CITY SCHOOL DISTRICT
APPLICATION FOR PAYMENT OF EXPENSE ACCOUNT

Date Submitted _____

Expense account for: (Describe where and for what reason trip was made, or other reasons for expenses listed hereon.)

Date of Meeting _____		
Mileage (current rate) _____	# of miles _____	\$ _____
Lodging (Cannot reimburse for phone calls, movies) _____		\$ _____
Meals _____		\$ _____
Other (Registration, Parking) _____		\$ _____
	Total	\$ _____

Expenses must be itemized as shown. ORIGINAL meal tickets, parking receipts, registration receipts and motel bills must be itemized and attached. Motel bills **MUST BE ITEMIZED**, listing charge per night, tax and any other miscellaneous expenses connected with the bill. Copies on CANCELED CHECKS will be accepted as receipt, but copies of original checks before they are canceled are not accepted as proper proof of payment.

Teacher/Employee

School

Approved by:

Principal

Please submit in DUPLICATE to Treasurer's Office.