WILKES COUNTY SCHOOL SYSTEM EMPLOYEE EXPENSE STATEMENT

NAME:_____Headquarters_____Date: From _____To_____

Residence Address_____City _____ State _____ Zip _____
Purpose of trip(s)_____

Lodging: If lodging was shared or paid by another, list name of person. List actual cost of meals/lodging. Meals: **Claim meals only if they are NOT provided**. Attach receipt for lodging and registration.
(Revised01/01/2021)

Date (mo/day)	Departure Time	Arrival Time	(6.00 max) Breakfast	(7.00 max) Lunch	(15.00 max) Dinner	Total Meals	Lodging Location	Amount Per Night	Miscellaneous Taxi/Airline/Reg	Expenses Amount
							TOTAL			

Automobile Mileage Note: Show departure/arrival date for start/finish of each continuous trip.

Date (mo/day)	Origin	Destination	Starting Mileage	Ending Mileage	Total Mileage	Personal Mileage	School Use Mileage		**TOTALS**
								Meals-->	
								Lodging-->	
								Misc.-->	
								Mileage-->	
								X .56 cents	

ACCOUNT #_____ **TOTAL REIMBURSEMENT** $_____
ACCOUNT # _____
If transportation was shared or paid by another, list name of person: _____

Signature_____Date_____ Principal _____Date_____ Superintendent_____Date_____