

Sycamore Community Unit School District No. 427

Travel Expense Report

SUBMIT IN DUPLICATE AND ATTACH REQUEST PERMISSION TO ATTEND FORM WITH RECEIPTS

DATE	EXPLANATION	MILES	@ ____/Mile	LODGING	MEALS	MISC.	TOTAL
TOTALS							

I hereby certify that all items of expense included in this statement were incurred in the discharge of authorized official business, the amounts are correct, and they represent proper charges against the school district. I further certify that I have not received payment from other sources for any portion of these expenses except as indicated.

LESS: ADVANCE

TOTAL AMOUNT DUE

ACCOUNT NO: _____

APPROVED: _____

PRINCIPAL

SUPERINTENDENT

CLAIMANT=S SIGNATURE

DATE

CLAIMANT=S NAME PRINTED

SOCIAL SECURITY #

BUILDING