WILMINGTON CITY SCHOOLS

EXPENSE REPORT

Name
Position/Building

Expenses (receipts must be attached)					
Date	Location / Organization (i.e. New Market / Hopewell; Columbus / OSBA)	Purpose / Description (i.e. Conference –Technology in the Classroom, Meeting with Educators on OIP)	Total Roundtrip Miles (Total at Bottom)	Specify Other Expense (i.e. meals, parking, hotel, etc.)	Amount of Other Expense
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
		Total Business Miles		**@ _____ cents per mile**	$
				Total Amount Due Employee	$

I hereby certify the above to be a true and accurate account of expenses incurred as indicated:

Employee Signature	Date
Approved by:	Date