

CRAWFORD COUNTY R-II SCHOOLS
Cuba, Missouri
Monthly Expense Report

NAME _____ Date _____

MONTH _____ 20 _____

Date	Trip-To	Trip-From	Total Distance	Reason

Total Miles _____ @ .40 = _____

Additional Travel Expenses

Date	Breakfast	Lunch	Dinner	Lodging	Other	Total Per Day

Total for Month _____

I certify that the expenses listed above are true and correct and were incurred in the performance of approved activities as an employee of the Crawford County R-II Schools.

Signature _____

Approved by: _____

Date: _____ Account Code _____