

**CLIFFSIDE PARK PUBLIC SCHOOLS
CLIFFSIDE PARK, N.J.**

REQUEST FOR TRAVEL EXPENSE REPORT

TO: Superintendent of Schools

Date: _____

FROM: _____
(Print Name)

I hereby request reimbursement for expenses incurred while attending:

_____ **List Title of Convention, Conference, Workshop, Etc.** _____

to be held on _____
(Date or Dates)

at _____
(Place) (Address)

My estimated expenses are as follows:

Date of Travel	Day 1	Day 2	Day 3	Day 4	Day 5	Total Expense
1. Registration Fee (If Any)						\$
2. Transportation (Plane, Train, Etc.)						\$
3. Car Allowance (Miles @ .31¢ - per contract)						\$
4. Tolls						\$
5. Accommodations						\$
6. Other Expenses (*List Below) (Parking, Etc.)						\$
TOTAL EACH DAY	\$	\$	\$	\$	\$	\$

* _____ \$ _____

* _____ \$ _____

Remarks: _____

Signature _____
Employee / Board Member

School: _____

Approved: _____
Principal

Approved: _____
Superintendent of Schools

Date: _____

Date: _____