

**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.)						\$
<b>TOTAL EACH DAY</b>	\$	\$	\$	\$	\$	\$

\* \_\_\_\_\_ \$ \_\_\_\_\_

\* \_\_\_\_\_ \$ \_\_\_\_\_

**Remarks:** \_\_\_\_\_

**Signature** \_\_\_\_\_  
Employee / Board Member

**School:** \_\_\_\_\_

**Approved:** \_\_\_\_\_  
Principal

**Approved:** \_\_\_\_\_  
Superintendent of Schools

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_