

**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 @ .35¢ - per contract) | | | | | | \$ |
| 4. Tolls | | | | | | \$ |
| 5. Accommodations | | | | | | \$ |
| 6. Other Expenses (*List Below) (Parking, Etc.) | | | | | | \$ |
| TOTAL EACH DAY | \$ | \$ | \$ | \$ | \$ | \$ |

* _____ \$ _____

* _____ \$ _____

Remarks: _____

Signature _____
Employee

School: _____

Approved: _____
Principal

Approved: _____
Superintendent of Schools

Date: _____
Revised 8-1-2019

Date: _____