

**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(s)** \_\_\_\_\_

At \_\_\_\_\_ **Place & Address** \_\_\_\_\_

My estimated expenses are as follows:

| Date of Travel:  | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Total Expenses |
|--|-------|-------|-------|-------|-------|----------------|
| 1. Registration Fee (if any)<br><i>Training Costs</i>                            |       |       |       |       |       | \$             |
| 2. Transportation<br><i>Travel Costs</i> (Plane, Train, Etc.)                    |       |       |       |       |       | \$             |
| 3. Car Allowance<br><i>Travel Costs</i> (Mile@ 0.35¢-per contract)               |       |       |       |       |       | \$             |
| 4. Tolls <i>Travel Costs</i>   |       |       |       |       |       | \$             |
| 5. Accommodations <i>Travel Costs</i>  |       |       |       |       |       | \$             |
| 6. Other Expenses *List Below<br>(Parking, Etc., <i>Professional Dues/Fees</i> ) |       |       |       |       |       | \$             |
| <b>Total Each Day</b>  | \$    | \$    | \$    | \$    | \$    | \$             |

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

**Unless otherwise directed, use these account #s:**  
Lines 1, 5, 6: use 11-000-223-580-##-01-0000-###  
Lines 2, 3, 4: use 11-000-223-580-##-00-0000-###  
# = use your school building codes.

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

Signature: \_\_\_\_\_  
Employee

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

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

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

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

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