SOUTH PORTLAND SCHOOL DEPARTMENT TRAVEL REIMBURSEMENT FORM

DATE	EXPLANATION AND DETAIL OF EXPENSE *	MILEAGE *	OTHER TRAVEL *	MEALS *	LODGING *	CITY/TOWN *	MISC *
coding	TOTALS						

*ATTACH RECEIPTS *

Total estimated or actual costs	
Amount advanced or to be advanced	
Amount due employee	
Amount due City (attach payment)	

Employee name:

Address:

Approved:

Department Head Date

Superintendent's Office Date