

EXPENSE REPORT

Scotland County Schools

PAYEE DATA Vendor Number: Name: School/Department:	Request for Absence Form Number AB From: To:	Total Cost Less Advance Reimbursement Due S C S
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TRAVEL (SHOW EACH CITY VISITED)			TRANSPORTATION		SUBSISTENCE	OTHER EXPENSES			
DAY	FROM	TO	(1) MODE	DAILY PRIVATE CAR MILEAGE	AMOUNT	(2) TYPE	AMOUNT	EXPLANATION	AMOUNT
			P			B			
			A	→		L			
			O	→		D			
			R	→		H			
			R	→		G			
			P			B			
			A	→		L			
			O	→		D			
			O	→		H			
			R	→		G			
			P			B			
			A	→		L			
			O	→		D			
			O	→		H			
			R	→		G			
			P			B			
			A	→		L			
			O	→		D			
			O	→		H			
			R	→		G			
			P			B			
			A	→		L			
			O	→		D			
			O	→		H			
			R	→		G			
			P			B			
			A	→		L			
			O	→		D			
			O	→		H			
			R	→		G			
TOTAL						TOTAL			TOTAL

(1) MODE OF TRAVEL
P - Private Owned
A - Air
O - Other, Rail or Bus
R - Rental Car

(2) Type of Subsistence
B - Breakfast
L - Lunch
D - Dinner
H - Hotel
G - Gratuities

Budget Code

THIS IS A TRUE AND ACURATE STATEMENT OF EXPENSES INCURRED

I certify that the expenses incurred are necessary and proper and amounts claimed are just and reasonable.

_____ Date

Superintendent /Principal/Dept. Head

This instrument has been pre-audited in the manner required by the School Budget and Fiscal Control Act.

_____ Date

School Finance Officer

_____ Claimant