GREAT NECK BOARD OF EDUCATION

TRIP EXPENSE REPORT

Name _____ **School** _____

Trip was made to _____ **for the following purpose**

_____

Date(s) of Trip_____

Date	Break-Fast	Lunch	Dinner	Taxi	Telegram Telephone	Miscellaneous (Explain each item)	Amount	Total Expense	Miles By Auto

Hotel Expense-If more than one hotel, detail below – Attach Receipted Bills $

Railroad or Plane Expense – Attach Ticket Stubs $

Personal Auto Expense _____ **miles at** _____**cents per mile** = $

TOTAL EXPENSE INCURRED $

Signed: _____
Claimant

Address: _____

City _____ **State** _____ **Zip** _____

REV. 4-2005