UNION CITY AREA SCHOOL DISTRICT
REIMBURSEMENT FOR TRAVEL

Name _____

Event Attended _____

DATE	LOCATION OF EVENT	MILEAGE x .50/MILE	MEALS; LODGING REGISTRATION; TOLLS

"PLEASE NOTE: ALL RECEIPTS MUST SHOW AN ITEMIZED LISTING OF EXPENSES."

I have examined and approved this expense account.

Signed _____
(Superintendent)

Signed _____
(Business Manager)

Total Expense _____

I certify that the above expenses were incurred by me in the performance of my work.

Signed _____
(Staff Member)