

**Clinton Community Schools  
Clinton, Michigan**

**TRAVEL EXPENSE REPORT**

Name \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

School Bldg. and Position \_\_\_\_\_

Approved By \_\_\_\_\_  
(Principal or Supervisor)

Charge To \_\_\_\_\_  
(Account)

DATE	DESTINATION AND PURPOSE	MILES	RATE	MEALS	LODGING	MISC.	TOTAL

This is a true and accurate accounting of my expense.

\_\_\_\_\_  
(Signature)

Please attach substantial receipted bills, ticket stubs, etc.

Approved for payment: \_\_\_\_\_  
(Supt. of Schools)

ORIGINAL—Superintendent  
COPY—Return To Building Principal