



Millinocket School Department
TRAVEL EXPENSE FORM

Employee _____ Date _____

Vendor # _____ Account # _____

TRIP

Trip Information (see mileage chart on back of form)

To _____ From _____ Date of Trip _____

Description of Trip _____

Mileage _____

Mileage Total _____ X \$.44 \$ _____

TOLLS

Tolls (Must have receipts): Tolls Total \$ _____

MEALS

Meals (Must have receipts – cannot reimburse for sales tax):

Breakfast(s) \$ _____ Lunch(es) \$ _____ Dinner(s) \$ _____

(Maximum including tip \$6 breakfast, \$10 lunch, \$25 dinner)

Meal(s) Total \$ _____

TOTAL MILEAGE, TOLLS & MEALS \$ _____

Traveler's Signature

Department Authorization

Superintendent