

# SCOTTSBLUFF PUBLIC SCHOOLS ACTUAL EXPENSE ACCOUNT

Activity/Meeting/Department \_\_\_\_\_

Date \_\_\_\_\_

DATE	TRANSPORATION	AMOUNT	TOTAL
	<i>(Attach all ITEMIZED receipts)</i> Airplane _____ Car _____  From _____ To _____  Total miles _____ x <b>0.585¢</b> = \$ _____ <i>(effective July 1, 2008)</i> If driving list passengers: _____ If riding with someone, list: _____		
		<b>Sub Total</b>	<b>\$</b>

DATE	MEALS (List Place & City)	PAYMENT METHOD <small>(specify whose school Visa or if personal payment made)</small>	AMOUNT	<i>ALL RECEIPTS MUST BE ITEMIZED</i>
			<b>Sub Total</b>	<b>\$</b>

DATE	ROOMS (List Place, City, & Attach ITEMIZED Receipts)	PAYMENT METHOD	AMOUNT	
			<b>Sub Total</b>	<b>\$</b>

DATE	MISCELLANEOUS	PAYMENT METHOD	AMOUNT	
			<b>Sub Total</b>	<b>\$</b>

BUDGET ACCOUNT CODE: \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

PROGRAM/GRANT NAME \_\_\_\_\_

\_\_\_\_\_  
(Claimant)

APPROVED BY: \_\_\_\_\_

(administrator signature required)