



B I R D V I L L E I N D E P E N D E N T S C H O O L D I S T R I C T

Travel Expenses Other Than Scouting

Name _____ Travel Date(s) _____

Sport _____

Trip Information

Destination _____

Purpose _____

Miles traveled _____ @ \$. _____ /mile = \$ _____
(Include a day-by-day mileage report with this form)

Meals \$ _____

(Note: turn in receipts with this form)

(Note: Reimbursement for meals applies only to hours not normally on duty).

Total Amount for Reimbursement \$ _____

Remarks:

