

EXPENSE REPORT

Scotland County Schools

PAYEE DATA Vendor Number: _____ Name: _____ School/Department: _____	Request for Absence Form Number AB From : _____ To: _____	Total Cost _____ Less Advance _____ Reimbursement _____ Due S C S _____
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TRAVEL (SHOW EACH CITY VISITED)		TRANSPORTATION		SUBSISTENCE	OTHER EXPENSES				
DAY	FROM	TO	(1) MODE	DAILY PRIVATE CAR MILEAGE	AMOUNT	(2) TYPE	AMOUNT	EXPLANATION	AMOUNT
			P			B			
			A	→		L			
			O	→		D			
			R	→		H			
			P			G			
			A	→		B			
			O	→		L			
			R	→		D			
			P			H			
			A	→		G			
			O	→		B			
			R	→		L			
			P			D			
			A	→		H			
			O	→		G			
			R	→		B			
			P			L			
			A	→		D			
			O	→		H			
			R	→		G			
			P			B			
			A	→		L			
			O	→		D			
			R	→		H			
			P			G			
			A	→		B			
			O	→		L			
			R	→		D			
			P			H			
			A	→		G			
			O	→		B			
			R	→		L			
			P			D			
			A	→		H			
			O	→		G			
			R	→		B			
			P			L			
			A	→		D			
			O	→		H			
			R	→		G			
(1) MODE OF TRAVEL					TOTAL		TOTAL		TOTAL

P - Private Owned
 A - Air
 O - Other, Rail or Bus
 R - Rental Car

(2) Type of Subsistence
 B - Breakfast
 L - Lunch
 D - Dinner
 H - Hotel
 G - Gratuities

Budget Code _____

THIS IS A TRUE AND ACCURATE STATEMENT OF EXPENSES INCURRED

_____ Claimant

I certify that the expenses incurred are necessary and proper and amounts claimed are just and reasonable .

_____ Superintendent /Principal/Dept. Head _____ Date

This instrument has been pre -audited in the manner required by the School Budget and Fiscal Control Act.

_____ School Finance Officer _____ Date