

**JEFFERSON SCHOOLS
AUTHORIZED EXPENSE SHEET**

Date _____

Name _____

Street Address _____

City, State, Zip Code _____

General Explanation for Expenses Below: _____

ITEMIZE EACH ITEM BELOW: Description of Expense: (Destination, Location, Convention or Workshop Title, etc.)	TOTAL TRIP MILES	MEALS (cost)	OTHER (cost)
TOTALS			
Total Money Reimbursement Requested (Leave Blank. Office will compute)			

Copies of Conference or Workshop Authorization must accompany request for payment. This form must be submitted monthly. Please verify expenses by attaching appropriate receipts.

PRINCIPAL OR SUPERVISOR SIGNATURE

EMPLOYEE'S SIGNATURE