

**ONEIDA SPECIAL SCHOOL DISTRICT
Statement of Travel**

MILEAGE

Date	Meeting Attended	Round-trip Mileage	Total
		TOTAL	

MEALS

Date	Location	Amount
		TOTAL

HOTEL ACCOMMODATIONS

Date	Location	Amount
		TOTAL

MISCELLANEOUS EXPENSES

Date	Parking fees, registration, hotel charges, etc	Amount
		TOTAL

Totals: **Mileage** _____ **Meals** _____
 Rm Accommodations _____ **Miscellaneous** _____

Total Amount Due Employee: \$ _____

Please attach receipts

I hereby certify the above to be a correct statement of my official mileage for the month covered by this report.

Signature of Employee

Signature of Approval