

Little Wound School Board
Little Wound School
Travel Statement

Travel Number: _____

Date: _____

Name: _____

Department: _____

Departures: _____
Time Date

Returned: _____
Time Date

Purpose of Travel: _____

Actual Expenses:

Air Fare: _____

Mileage (Personal Vehicle): _____ miles @: _____

Taxi, Limousine, Etc.: _____

Car Rental: _____

Per Diem: Lodging: _____ nights @: _____

Meals: _____ quarters @: _____

Registration Fee: _____

Other: _____

Total Cash: _____

Total Advances: _____

Amount Claimed: _____

Amount Owed: _____

Signature of Traveler

Date

Adjustments: