

Please Print on Green Paper

JOHN WOOD COMMUNITY COLLEGE EXPENSE STATEMENT
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NAME: _____ **LAST 4 DIGITS OF SS#:** _____
(Make Check Payable To The Above)

HOME ADDRESS: _____
Street City State Zip Code

PLACE ATTENDED: City _____ State _____

DATES: (Month / Day)	_____	_____	_____	_____	TOTALS
Number of miles per day	_____	_____	_____	_____	(across)
Miles @ 0.540 per mile	_____	_____	_____	_____	_____
Meals: Breakfast	_____	_____	_____	_____	_____
Lunch	_____	_____	_____	_____	_____
Dinner	_____	_____	_____	_____	_____
Parking/Tolls/Taxi	_____	_____	_____	_____	_____
Motel	_____	_____	_____	_____	_____
Other (See below)*	_____	_____	_____	_____	_____
DAILY TOTAL EXPENSES (Add Down Columns)	_____	_____	_____	_____	_____

TOTAL PAYABLE EXPENSES (Attach ALL Receipts): _____

Budget code to be charged: _____ - _____ - _____ - _____
Fund Org Account Program

Was an overnight stay required? YES meals are an eligible expense NO meals not eligible for reimbursement

Is travel out of the JWCC district and 50 or more miles one way? YES Out-of-District Travel Request REQUIRED NO

Reason for Travel: _____

*Explanation of Other: _____

I CERTIFY that the above information is correct and complete. I CERTIFY for the travel dates listed above that I am a duly licensed driver authorized to operate a motor vehicle in my state of residence. I also CERTIFY that I possess at least the minimum amount of auto liability insurance required by my state of residence.

Payee's Signature _____ **Date:** _____
(ALSO COMPLETE REVERSE SIDE if applicable)

Budget Manager's Approval: _____ **Date:** _____

Director/ Dean's Approval: _____ **Date:** _____
(\$500 or more)

VP Approval: _____ **Date:** _____
(\$500 or more)

President's Approval: _____ **Date:** _____
(\$1000 or more)

RMS: _____ **Date:** _____