

Please Print on Green Paper

**JOHN WOOD COMMUNITY COLLEGE
EXPENSE STATEMENT**

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 @ 0.535 per mile	0.00	0.00	0.00	0.00	0.00	\$0.00
Meals: Breakfast	_____	_____	_____	_____	_____	\$0.00
Lunch	_____	_____	_____	_____	_____	\$0.00
Dinner	_____	_____	_____	_____	_____	\$0.00
Parking/Tolls/Taxi	_____	_____	_____	_____	_____	\$0.00
Motel	_____	_____	_____	_____	_____	\$0.00
Other (See below)*	_____	_____	_____	_____	_____	\$0.00
DAILY TOTAL EXPENSES (Add Down Columns)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL PAYABLE EXPENSES (Attach ALL Receipts): \$0.00

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:** _____