

**JOHN WOOD COMMUNITY COLLEGE
EXPENSE STATEMENT**

NAME: _____ **EMPLOYEE ID#:** _____
 (Make Check Payable To The Above)

HOME ADDRESS: _____
 Street City State Zip Code

If travelling enter
PLACE ATTENDED: City _____ State _____

DATES: (Month / Day)	_____ / _____ / _____ / _____ / _____	TOTALS
Number of miles per day	_____	(across)
Miles @ 0.625 per mile	_____	
Meals: Breakfast	_____	_____
Lunch	_____	_____
Dinner	_____	_____
Parking/Tolls/Taxi	_____	_____
Motel	_____	_____
*Other-Enter amount w/ dates above:	_____	_____
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: _____
 *Include Description of items for 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: _____

Only trip more than 16 miles are eligible for reimbursement