

JOHN WOOD COMMUNITY COLLEGE EXPENSE STATEMENT
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NAME: _____ **EMPLOYEE ID#:** _____
 (Make Check Payable To The Above)

HOME ADDRESS: _____
 Street City State Zip Code
 ~~~~~

If travelling enter  
**PLACE ATTENDED:** City \_\_\_\_\_ State \_\_\_\_\_

|                                                   |                                       |               |
|---------------------------------------------------|---------------------------------------|---------------|
| <b>DATES:</b> (Month / Day)                       | _____ / _____ / _____ / _____ / _____ | <b>TOTALS</b> |
| Number of miles per day                           | _____                                 | (across)      |
| Miles @ <b>0.700</b> per mile                     | _____                                 |               |
| Meals: Breakfast                                  | _____                                 |               |
| Lunch                                             | _____                                 |               |
| Dinner                                            | _____                                 |               |
| Parking/Tolls/Taxi                                | _____                                 |               |
| Motel                                             | _____                                 |               |
| <b>*Other-Enter amount w/ dates above:</b>        | _____                                 |               |
| <b>DAILY TOTAL EXPENSES</b><br>(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**