

## **Nantucket Public Schools**

**Expense Report** 

| Name:       | Department |
|-------------|------------|
| Employee ID | Manager    |
| Position    |            |

|                                | Sun | Mon | Tues | Wed | Thu | Fri | Sat | Total |
|--------------------------------|-----|-----|------|-----|-----|-----|-----|-------|
| Insert date here $\rightarrow$ |     |     |      |     |     |     |     |       |
|                                |     |     |      |     |     |     |     |       |
| Auto Mileage - 58.5¢           |     |     |      |     |     |     |     |       |
| Auto Expense (Gas)             |     |     |      |     |     |     |     |       |
| Airfare/Boat                   |     |     |      |     |     |     |     |       |
| Car Rental                     |     |     |      |     |     |     |     |       |
| Taxi/Bus/Tolls/Parking         |     |     |      |     |     |     |     |       |
| Meals                          |     |     |      |     |     |     |     |       |
| Lodging                        |     |     |      |     |     |     |     |       |
| Miscellaneous (indicate below) |     |     |      |     |     |     |     |       |
|                                |     |     |      |     |     |     |     |       |
|                                |     |     |      |     |     |     |     |       |
|                                |     |     |      |     |     |     |     |       |
|                                |     |     |      |     |     |     |     |       |
|                                |     |     |      |     |     |     |     |       |
|                                |     |     |      |     |     |     |     |       |
|                                |     |     |      |     |     |     |     |       |
| Total Expenses                 |     |     |      |     |     |     |     |       |

All expenses on this report were actually incurred by me while performing company business only and includes no items of personal nature.

Attach all receipts

| Signed:   | Date: |  |  |  |
|-----------|-------|--|--|--|
|           |       |  |  |  |
| Approved: | Date: |  |  |  |