NORTHERN OZAUKEE SCHOOL DISTRICT

2016-2017 Employee Expense Report

(Please attach all receipts)

Please circle one of the following:	
Elementary School	District Office
Middle School	IT Dept.
High School	Special Ed
Principal	

Name: _____ Date: _____

DATE	DESCRIPTION / PURPOSE	PERSONAL CAR MILEAGE (342)	FUEL FOR RENTAL CAR (348)	LODGING (342)	MEALS (342)	INTERNET SERVICE (358)	PHONE (355)	POSTAGE (353)	MISC.
	Total Mileage	-							
	Mileage rate per mile	$ 0.54							
	Total of each column	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Total Amount Requested by Employee $ -

Employee Signature: _____ Date: _____

Supervisor / Principal Signature: _____ Date: _____