



15. Appendix

E. Expense Reimbursement Form

NEW JERSEY SCHOOL BOARDS ASSOCIATION INSURANCE GROUP

450 VETERANS DRIVE, BURLINGTON, NJ 08016

TRAVEL AND EXPENSE REPORT

NAME: _____

FOR WEEK ENDING _____

ITEM	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total For Week
LOCATION OF TRIP								
MILES DRIVEN								
LODGING (ATTACH RECEIPTS)								
BREAKFAST								
LUNCH								
DINNER								
TRAVEL (RAIL/PLANE/BUS/TAXI)								
ENTERTAINMENT (EXPLAIN BELOW)								
CAR MILEAGE @ 55.5¢ PER MILE								
MISCELLANEOUS / tolls								
TOTAL FOR DAY								

EXPLANATION OF ENTERTAINMENT EXPENSE SHOWN ABOVE

DATE	TYPE OR ITEM	PLACE	AMOUNT	PURPOSE	GUESTS & BUSINESS RELATIONSHIP

Employee Signature

Approved By (Department Head)

Charge to Account #