



**JASPER CITY BOARD OF EDUCATION
P.O. BOX 500
JASPER, ALABAMA 35502**

110 17th Street West
P.O. Box 500
Jasper, AL 35502
Telephone 205.384.6880

EXPENSE REPORT 2019

Employee's Name

Employee's School

27 digit account code

Conference

Date(s) of Conference

Location of Conference

Meals (Number _____) *(Itemized Original Receipts Attached)*

Hotel-Motel Lodging *(Itemized Original Receipts Attached)*

Airplane Fares

Automobile Mileage _____ @ .58 cents per mile (attach Mapquest)

Registration Fees

Other _____ *(Original Receipts Attached)*

TOTAL EXPENSE

Completed forms should be given to school bookkeeper so that she can note the total amount in her records. She will forward to the principal.

Recorded by: _____
School Bookkeeper

Employee Signature

Approved by: _____
Signature of Principal

Approved by: _____
Signature of Superintendent

**ATTACH DOCUMENTATION TO VERIFY ALL EXPENDITURES (Conference Agenda, Hotel Receipt, Sporting Schedule,
AND A COPY OF THE APPROVED PROFESSIONAL DEVELOPMENT FORM**