



MIAMI-DADE COUNTY PUBLIC SCHOOLS

**TRAVEL EXPENSE WORK SHEET**

Employee Number:	Employee Name:
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Approval Sequence	Name	User ID
Highest Approval		
Supervisor		
Additional Approval (Optional)		
Additional Approval (Optional)		

Approval of Expenses & Temporary Assignment of Duty:	FROM	TO
	____/____/____ <small>MM DD YYYY</small>	____/____/____ <small>MM DD YYYY</small>

Conference Location: _____	State: _____
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Description of Conference: \_\_\_\_\_

As a Participant, Student, Presenter, etc: \_\_\_\_\_

	Paid by MDCPS	Paid by Employee	Procurement Card	Estimated		
				Depart Date	Time	AM/PM
Common Carrier				____/____/____	____	____
Car Rental				Return Date	Time	AM/PM
Registration/Tuition				____/____/____	____	____

Vendor #:/Airline: _____	Registration: _____
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Requester: _____	Ship to: _____
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Actual		
Depart Date	Time	AM/PM
____/____/____	____	____
Return Date	Time	AM/PM
____/____/____	____	____

## TRAVEL EXPENSE WORK SHEET

(continued)

Description of Expenses:	Estimated	Actual			
A. Transportation:					
1. Common Carrier	1.	1.			
2. Private Vehicle _____ Miles X Current M-DCPS Rate	2.	2.			
3. Car Rental	3.	3.			
4. Taxi, Tolls, Parking, etc. (1)	4.	4.			
B. Per Diem Option: _____ Days X \$50.00	1.	1.			
(Or) Hotel	2.	2.			
Meals	3.	3.			
C. Incidentals (1)	1.	1.			
Advance Date: ____ / ____ / ____					
Amount: _____	Sub Total _____	Sub Total _____			
D. Registration/Tuition (1)	1.	1.			
Board Item: _____ Board Item Date: ____ / ____ / ____					
(1) Original Receipts Required	Total _____	Total _____			
Charge To:	Fund	Charge Location	Object	Program	Function
			5331		

Travel Requisition No.
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