

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 ____/____/____ MM DD YYYY		TO ____/____/____ MM DD YYYY	
Conference Location: _____						State: _____	
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: _____			
Requester: _____		Ship to: _____					

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.
