

Mounds View Public Schools Ends and Goals Form

EG-5115-B Post Activity Expense Report and Request for Voucher

MAKE CHECK PAYABLE TO: _____ DATE: _____
(Name)

MAIL TO: _____
(Street Address)

(City) (State) (Zip)

Activity attended: _____

Place of Meeting: _____ Dates: _____

Transportation

Air Travel: \$ _____

Ground Travel: _____ Rental \$ _____
OR
_____ Personal vehicle \$ _____
(_____ miles x _____ current Board approved rate)

Registration Fees \$ _____

Lodging \$ _____

TOTAL EXPENSES: \$ _____

35% OF TOTAL EXPENSES (AMOUNT TO BE REIMBURSED) \$ _____

CHARGE TO ACCOUNTING CODE: _____
(to be completed by Director of Community Education)

Signature of Claimant Principal Dir. of Comm. Educ.

Date Date Date

(Document all expenses. Attach receipts or other verifying papers)