



**LOUISVILLE CITY SCHOOLS**

*Return completed, approved form to:*  
 Treasurer's Office  
 504 E. Main Street  
 Louisville, OH 44641

Purchase Order No. \_\_\_\_\_

**EXPENSE STATEMENT**

Employee Name \_\_\_\_\_ Meeting Title \_\_\_\_\_  
 Building/Dept \_\_\_\_\_ Meeting Loc \_\_\_\_\_

Expense Dates  
 From \_\_\_\_\_  
 To \_\_\_\_\_

Date	Description	Meals	Mileage	Tolls	Parking	Other	TOTAL
	breakfast lunch dinner mileage (# miles _____ X\$.55) tolls/parking other						
	TOTAL DAY 1						
	breakfast lunch dinner mileage (# miles _____ X\$.55) tolls/parking other						
	TOTAL DAY 2						
	breakfast lunch dinner mileage (# miles _____ X\$.55) tolls/parking other						
	TOTAL DAY 3						
	breakfast lunch dinner mileage (# miles _____ X\$.55) tolls/parking other						
	TOTAL DAY 4						
	TOTALS						

TAPE RECEIPTS TO 8 1/2 x 11 SHEET, IN ORDER, BY DAY. ATTACH TO EXPENSE REPORT

**Notes**  
 No credit card receipts accepted for reimbursement.  
 Daily meal allowance = \$40 maximum

**Approved**  
 Supervisor \_\_\_\_\_  
 Superintendent \_\_\_\_\_  
 Treasurer \_\_\_\_\_

Account Code to charge expenses to: \_\_\_\_\_

Employee Signature \_\_\_\_\_

**COPY REPORT ON GREEN PAPER TO REPRODUCE**

Date Submitted \_\_\_\_\_