BAY-ARENAC ISD

4228 Two Mile Rd., Bay City, Michigan 48706
Phone Number: 989-686-4410 Fax Number: 989-667-3286

EXPENSE STATEMENT

Employee

Vendor # _____
Name _____
_____
Dept./Prgm. _____

Employee Home Address:

.....
.....

Month of:

From
To

			Personal Car		Conf./Wrkshp.					
Date	**Account**	**Description**	**Miles**	**$ 0.580**	**Lodging**	**Travel**	**Meals**	**Supplies**	**Other**	**TOTAL**
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									TOTAL	

Total Expenses of Above Account Numbers

Account Numbers

TOTAL:	$0.00

Employee Signature

I certify that the expenses above were incurred in connection with district business and are in compliance with district policy.

Date:

Approved By

Date:

January, February, March 2019 Statements: ***Due April 30, 2019***
April, May, June 2019 Statements: ***Due July 8, 2019***
July, August, September 2019 Statements: ***Due October 31, 2019***
October, November, December 2019 Statements: ***Due January 31, 2020***

Attach all receipts taped on 8.5" x 11" paper.