

East Millinocket and Woodville School Departments  
**EXPENSE STATEMENT**  
 Receipts must be attached

NAME: \_\_\_\_\_

DATE	DESCRIPTION	#MILES	RATE PER MILE	MEALS	MISC	TOTAL
			\$.44			
	<b>COLUMN TOTALS</b>					

TOTAL AMOUNT CLAIMED \$ \_\_\_\_\_

MINUS AMOUNT ADVANCED \$ \_\_\_\_\_

AMOUNT DUE EMPLOYEE \$ \_\_\_\_\_

ACCOUNT or PO #: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

