Name_____

Statement of Travel Expense
Dept. of Labor Grant

Date_____

Purpose & Location	Date(s) & Time Left & Returned	*Lodging	*Meals		*Travel		Total (Leave Blank)
		No. of Days	Place & Time	Cost	Misc. (Toll Charge, Cash Tickets)	No. of Miles (if not school car)	

*** Attach Receipts**

Fund Charged _____ **$**_____

Fund Charged _____ **$**_____

Signature (Expenses are accurate to the best of my knowledge.) _____

Office Only
Received by Josey _____
Received by Payables_____