



Brownsboro Independent School District

Personal Expense Report

Name

Campus

This section must be completed

Date	Time Left	From	To	Number of Miles

Summary of Personal Expenses:

Air Fare (Attach Receipt) \$ _____

Mileage Claimed: Number of miles _____ X _____ \$ _____

Lodging (Attach Receipts) \$ _____

Meals (Attach Receipts) \$ _____

Other (Specify below) \$ _____

Total Expense \$ _____

Advance Received \$ _____

Amount Due \$ _____

Budget Code: _____

I hereby certify that this expense account is true, correct and unpaid.

Signature

Supervisor Signature