

**VENTNOR CITY BOARD OF EDUCATION
PERSONAL EXPENSE REPORT**

NAME _____

DATE SUBMITTED _____

Date	Traveled To (And From if other than School)	Total Miles	x \$0.35	Total
			TOTAL	

Amount of tolls, if any _____

Other, if any _____

Signature _____

Date _____

FORM MUST ACCOMPANY PURCHASE ORDER REQUEST. MILEAGE MUST BE SUPPORTED BY DRIVING MAP SHOWING SHORTEST DISTANCE FROM HOME OR VENTNOR EDUCATIONAL COMMUNITY COMPLEX, ORIGINAL RECEIPTS (AND/OR EZ-PASS STATEMENT) MUST BE ATTACHED FOR TOLLS AND PARKING. APPROVED LEAVE FORM MUST BE INCLUDED FOR WORKSHOPS/CONFERENCES. TRAVEL REIMBURSEMENT MUST BE SUBMITTED WITHIN 30 DAYS OF TRAVEL.