



2024 Milton Academy Travel Expense Form

RECEIPTS **MUST** BE ATTACHED

Please account for in a timely manner

NAME(S): _____

DATE ATTENDED: _____

PURPOSE OF EVENT: _____

EVENT LOCATION: _____

ATTENDEES: _____

TOTAL AMOUNT*: _____

ACCOUNT(S) TO CHARGE: _____

DEPT. HEAD APPROVAL: _____

	DATE:	DATE:	DATE:	DATE:	TOTAL EXPENSES
Car travel – miles driven					
cents per mile					
Tolls					
Air, Bus, Train, etc.					
Motel / Hotel					
Car rental					
Gas for car rental					
Breakfast					
Lunch					
Dinner					
Other: _____					
Other: _____					
TOTAL					

Less Travel Advance	
Amount Due Milton Academy (Payment Enclosed)	
* Amount Due You (Enter Total Reimbursement Above)	