

**BROWN COUNTY EDUCATIONAL SERVICE CENTER
TRAVEL EXPENSE STATEMENT**

PO #

Name: _____

Month: _____

Date	From	To	Mileage	Contacts
			Total Mileage	\$
			X\$.50 =	

Other	Explanation	Amount (attach receipts)

Total Other Expenses (Attach receipts/invoices) \$ _____

Total Mileage & Other Expenses This Month \$

I certify that this statement and the amounts claimed are true, correct and complete to the best of my knowledge and that payment for the amount claimed has not been received.

Signature of employee _____ Date _____

Signature of Supervisor _____ Date _____

Approval of Superintendent _____ Date _____

Approval of Treasurer _____ Date _____

Professional Development form (if applicable) must be attached