

WELLESLEY PUBLIC SCHOOLS
EMPLOYEE INVOICE

NOTE: THIS FORM IS TO BE USED BY ALL EMPLOYEES SUBMITTING A REIMBURSEMENT REQUEST FOR MILEAGE, TRAVEL, CONFERENCES AND OTHER EXPENSES. TRIPS OUTSIDE OF WELLESLEY, DURING THE COURSE OF YOUR WORK, SHOULD BE LISTED ON THE REVERSE NOTING DATE, PLACE AND PURPOSE OF TRAVEL.

Period: From: _____ To: _____

Employee _____

School/Department _____

DATE	MILES	DATE	MILES	DATE	MILES	DATE	MILES	DATE	MILES
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			
5		12		19		26			
6		13		20		27			
7		14		21		28			

Total Miles _____ X Rate _____ = Amount _____

Purchase Order or Account Number: _____

Conference/Meeting Name: _____

Location: _____ Date: _____

COSTS: Detail below and attach **ORIGINAL** receipts

1. Travel (cab fare, air fare, tolls, parking, etc.) _____
2. Meals _____
3. Accommodations _____
4. Registration Fee _____
5. Other Expenses (describe) _____

TOTAL AMOUNT DUE _____

I certify the above to be correct and that the funds claimed were for the benefit/use of the Wellesley Public Schools.

EMPLOYEE

SUPERVISOR