

MULTNOMAH EDUCATION SERVICE DISTRICT
PERSONAL EXPENSE CLAIM

FORM 110

NAME _____

PERIOD ENDING DATE _____ for dates indicated below.

DATE	/	/	/	/	/	/	/	Total Each Line
IN-DISTRICT MILES								
X current rate*	:	:	:	:	:	:	:	:
OUT-OF-DISTRICT MILES								
X current rate*	:	:	:	:	:	:	:	:
Breakfast (Include Tip)								
Lunch (Include Tip)								
Dinner (Include Tip)								
Lodging								
Limousine, Taxi or Bus								
Plane or Train								
Parking								
TOTALS								
DESTINATION & PURPOSE								Advance Pmt.
								Amount Due

*Contact Business Office for current rate.

Employee's SS# _____

Employee's Signature _____ Date _____

Approved: Supervisor's Signature _____ Date _____

Function # _____ Cost Center # _____

Rev. 6/99

OVER

In-District \$ _____ 0341

Out-of-District \$ _____ 0342

White - Business Office Yellow - Retained by Employee