BARRON AREA SCHOOL DISTRICT
EXPENSE REPORT

Date	Business/Itinerary	Miles	Lodging	Meals	Misc	Total
	Total miles		54 cents			

IRS Revenue Procedure 2000-48

GRAND TOTAL CLAIMED ______________________

Claimant's statement
S.16.53 (1) (C)4, Wisconsin Statutes

Budget codes:

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Claimant's Name ______________________
(Please print)

Claimant's Signature ______________________

Supervisor's Signature______________________

Attach receipts at top & back of this form

(revised 1/16)