BARRON AREA SCHOOL DISTRICT
EXPENSE REPORT

Date	Business/Itinerary	Miles	Lodging	Meals	Misc	Total

Total miles ______ 54.5 cents

IRS Revenue Procedure 2000-48

GRAND TOTAL CLAIMED ______

Budget codes:

______

______

______

______

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

Claimant's Name ______
(Please print)

Claimant's Signature ______

Supervisor's Signature ______

Attach receipts at top & back of this form

(revised 7/18)