BARRON AREA SCHOOL DISTRICT
EXPENSE REPORT

Date	Business/Itinerary	Miles	Lodging	Meals	Misc	Total
	Total miles	53.5 cents				

IRS Revenue Procedure 2000-48

GRAND TOTAL CLAIMED ______

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

Budget codes:
______
______
______
______

Claimant's Name ______
(Please print)

Claimant's Signature ______

Supervisor's Signature ______
Attach receipts at top & back of this form
(revised 12/16)