

Clarion-Goldfield-Dows  
Community School  
Travel Expense Report

Name \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

Purpose \_\_\_\_\_

Odometer Reading - Beginning \_\_\_\_\_

Odometer Reading - Ending \_\_\_\_\_

Total Number of Miles X .50 = \_\_\_\_\_

Other Expenses (explain) \_\_\_\_\_

Fund to be charged to \_\_\_\_\_

Approved by \_\_\_\_\_