

NORTHEAST SOUTH DAKOTA HEAD START PROGRAM, INC.
OUT – OF – TOWN TRAVEL EXPENSE STATEMENT
(TO BE COMPLETED AT END OF TRIP)

NAME _____ POSITION _____

ADDRESS _____ CITY _____ ZIP _____

WAS A TRAVEL ADVANCE RECEIVED? _____ AMOUNT _____

POINTS OF TRAVEL _____

DEPARTURE DATE _____ TIME _____

RETURN DATE _____ TIME _____

MISCELLANEOUS EXPENSES (TAXI, PARKING, ETC., AS APPROVED BY THE EXECUTIVE DIRECTOR). RECEIPTS MUST BE ATTACHED.

IF NO ADVANCE WAS GIVEN, BRIEFLY EXPLAIN THE TRIP AND THE NEED FOR THE TRIP. ATTACH AN AGENDA.

COMPUTATION OF AMOUNT DUE TO TRAVELER OR REFUND DUE TO THE AGENCY FOR PER DIEM EXPENSES. (THIS SPACE FOR FISCAL OFFICE USE ONLY).

DATE

DATE

SIGNATURE OF TRAVELER

SIGNATURE OF SUPERVISOR

APPROVED FOR PAYMENT

DATE _____ / _____
/ CHECK # _____

Out of Town Travel Expense 3-07