TEACHER EXPENSE REPORT

Office of Education

Texas Conference of Seventh-day Adventists

TEACHER NAME:_____ DATE:_____

ADDRESS: _____

CITY:_____ZIP:_____

SCHOOL:_____ HOME PHONE:_____

SPECIAL AUTHORIZED TRAVEL

DATE	*EVENT / LOCATION*	*PLACE*	*MILES*	*PER DIEM*	*HOTEL*	*AIRFARE*	*CAR RENTAL*	*OTHER (explain)*

For Office Use Only:

[ ]	Board of Education		863450-1211
[ ]	Special Travel		PR-Special Travel
[ ]	Outdoor School		863300-1212
[ ]	Teacher Area Meetings / Inservices		PR-Special Travel
[ ]	Teacher Convention		PR-Special Travel
[ ]	Other		

Approved by:_____Date:_____