

Neshannock Township School District Office of the Superintendent

NT – 05 Expense

Personal Expense Account

Employee Name Building Event			Amount AdvancedAmount Refunded										
							Location						
								DATE	DATE	DATE	DATE	DATE	TOTAL
Air, Rail, Bus Fare													
Auto per mile miles													
Room													
Breakfast													
Meals: Lunch													
Supper													
Taxi Fare(s) Registration													
Tolls													
Parking													
Miscellaneous (attach													
detailed explanation)													
GRAND TOTALS													
I certify that the above expering behalf of the Neshannock				performand	ce of servic	e for and							
Employee Signature			Date										
Please note:													
Final accounting must be m included with this accounting													
Central Office:													
Superintendent Signature				Date									