



ACERO CHARTER SCHOOLS
TRAVEL AND EXPENSE REPORT

NAME: _____ SCHOOL/DEPT: _____
DESTINATION: _____
BUSINESS PURPOSE: _____

Date	SUN	MON	TUE	WED	THUR	FRI	SAT	TOTAL	(LESS) PR. AMT	NET TOTAL
TRANSPORTATION COSTS										
1. Airplane Fare								\$ -		\$ -
2. Railroad Fare								\$ -		\$ -
3. Public Ground Transportation								\$ -		\$ -
4. a. Personal Auto Mileage*								\$ -		\$ -
c. Rental Vehicle								\$ -		\$ -
d. Other (Tolls, Parking, etc.)								\$ -		\$ -
RELATED TRAVEL EXPENSE										
5. Hotel/Motel Room & Tax								\$ -		\$ -
6. Breakfast (incl. Tax & Tip)								\$ -		\$ -
7. Lunch (incl. Tax & Tip)								\$ -		\$ -
8. Dinner (incl. Tax & Tip)								\$ -		\$ -
9. Phone & Communications								\$ -		\$ -
10. Tips (Other Than Meals)								\$ -		\$ -
11. Meeting Registration Fees								\$ -		\$ -
12. Per Diem Allowance										
13. Monthly Parking								\$ -		\$ -
14. Other (Detail Below)*								\$ -		\$ -
								\$ -		\$ -
Total this page	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
*Forwarded from following pages								\$ -		
TOTAL EXPENSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -

CERTIFICATION I certify that this accounting is correct, that I have paid out the amounts listed and I have not received previous reimbursements for them.	APPROVAL I certify that these expenses were incurred for business related activities and approve them as proper charges to organizational accounts.	Balance due to or from Acero	\$ -
--	---	------------------------------	------

Employee Signature _____	Date _____	Approval Signature _____	Date _____	*4. a. Complete Personal Automobile Mileage Section.
Print Name _____		Print Name _____		*14. Additional Business Expenses Section.

UNO Charter School Network 209 W. Jackson Blvd., Suite 500 Chicago, IL 60606 Phone (312) 637-3900 Fax (312) 662-1733 accountspayable@unocharterschools.org

