



**Career & Technology Education Centers of Licking County
EXPENSE FORM**

NAME:

DATE:

POSITION:

MEALS (Itemized Receipts Required):

Date:

Amount:

Date:

Amount:

PARKING (Itemized Receipts Required):

Date:

Amount:

Date:

Amount:

LODGING (Itemized Receipts Required) **at single rate:**

Date:

Amount:

Date:

Amount:

REGISTRATION and OTHER (Itemized Receipts Required):

Date:

Amount:

Date:

Amount:

Signed:

Supervisor's Signature:

Director's Signature: