

TRAVEL CREDIT CARD RECEIPT DOCUMENTATION  
Accounting Department  
Lincoln Public Schools

Reason for travel: \_\_\_\_\_

Account Number: \_\_\_\_\_ Authorization: \_\_\_\_\_

Date:		
Traveler's Name	Amount	
	Meal	
	Taxi/Shuttle	
	Tip	
	Total	
	Meal	
	Taxi/Shuttle	
	Tip	
	Total	
	Meal	
	Taxi/Shuttle	
	Tip	
	Total	
	Meal	
	Taxi/Shuttle	
	Tip	
	Total	

*Tape Receipt(s) Here (Use additional pages as needed)*