

REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES

NAME: _____ DATE: _____

ACCOUNT CODE(S): _____

BOARD APPROVAL DATE: _____

TITLE &/OR NATURE OF CONFERENCE: _____

PLACE OF CONFERENCE: _____

CONFERENCE DATE: _____

EXPENSE STATEMENT:

<u>DESCRIPTION OF ACTIVITY</u>	<u>BOARD APPROVED AMOUNT</u>	<u>DISTRICT PAID AMOUNT</u>	<u>**PERSONAL/ OUT-OF POCKET; REIMBURSABLE AMOUNT</u>
REGISTRATION FEE:	\$ -	\$ -	\$ -
MEALS:	\$ -	\$ -	\$ -
LODGING:	\$ -	\$ -	\$ -
TRANSPORTATION:	\$ -	\$ -	\$ -
MISC. EXPENSES (TOLLS, ETC):	\$ -	\$ -	\$ -
TOTAL EXPENSES	\$ -	\$ -	\$ -

****PLEASE NOTE:**

--ALL RECEIPTS MUST BE ATTACHED OR REIMBURSEMENT WILL NOT BE SUBMITTED FOR APPROVAL

--THE CONFERENCE REPORT MUST ALSO ACCOMPANY THIS REIMBURSEMENT REQUEST

SIGNATURE OF EMPLOYEE: _____

SIGNATURE FOR PAYMENT APPROVAL: _____

DATE OF SIGNATURE APPROVAL: _____

Revised: September 2016