

# Washingtonville Central School District

## Reimbursement Expense Claim Form

FROM: \_\_\_\_\_

Date: \_\_\_\_\_

PURCHASE ORDER: REGISTRATION FEE: \_\_\_\_\_

TRAVEL EXPENSE: \_\_\_\_\_

NAME OF CONFERENCE: \_\_\_\_\_

CONFERENCE

DATE(S): \_\_\_\_\_

LOCATION OF CONFERENCE: \_\_\_\_\_

DATE CONFERENCE APPROVED: \_\_\_\_\_

NOTE: ALL EXPENSES CLAIMED FOR REIMBURSEMENT MUST BE ACCOMPANIED BY RECEIPTS. FOR MILEAGE PURPOSES A PRINT-OUT OF "MAPQUEST", MUST BE ATTACHED INCLUDING NUMBER OF MILES TO DESTINATION FROM SCHOOL DISTRICT. IN THE EVENT RECEIPTS ARE NOT ATTACHED, A THOROUGH EXPLANATION MUST BE ATTACHED. EXPENSES WILL NOT ORDINARILY BE REIMBURSED WHERE RECEIPTS REASONABLY COULD HAVE BEEN OBTAINED. EXCESSIVE EXPENSES MAY BE DENIED.

\*All conferences must have "Final Approval" in My Learning Plan before reimbursement can be issued.

### CLAIMED CONFERENCE EXPENSES

- |   |          |
|---|----------|
| 1. CONFERENCE COST: (REGISTRATION, ETC)               | \$ _____ |
| 2. TRAVEL EXPENSES:                                   |          |
| A. MILEAGE: (ROUND TRIP) _____ miles @ \$.58          | \$ _____ |
| B. TOLLS: (Ez-pass printout accepted)                 | \$ _____ |
| C. PARKING  | \$ _____ |
| D. Other (airfare, train, etc)                        | \$ _____ |
| 3. MEAL EXPENSES: (ordinary/reasonable reimbursement) |          |
| A. Breakfast(s)                                       | \$ _____ |
| B. Lunch(s)   | \$ _____ |
| C. Dinner(s)  | \$ _____ |

**TOTAL EXPENSES:** \$ \_\_\_\_\_

**CASH ADVANCE:** \$ \_\_\_\_\_

**AMOUNT DUE: DISTRICT** \$ \_\_\_\_\_

**INDIVIDUAL** \$ \_\_\_\_\_

**CLAIMANT MUST SIGN THIS CERTIFICATE:**

Signature of Claimant	Title	Date
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Signature of Originating Official	Title	Date
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Signature of Assistant Superintendent of Business	Title	Date
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