

WYANDOTTE PUBLIC SCHOOLS

Request for Reimbursement of Conference Expenses

Date _____ Department _____ School _____

Name _____ Conference _____

Held at _____ Attendance Dates _____

Purpose in attending _____

Expenses:

(PLEASE ATTACH ALL RECEIPTS)

1. Registration Fee _____

2. Lodging _____

3. Meals _____

TOTAL _____

4. (a) Transportation by car (only the driver should request reimbursement of .575 cents per mile.

Driver _____

Passengers _____

Total Miles _____ x .575 = _____

(b) Transportation other than car

Mode _____

Actual Cost of Ticket _____

5. Miscellaneous (to cover taxi, parking, toll, etc.)

Type of expense _____

Actual Cost _____

5. TOTAL REIMBURSEMENT REQUESTED _____

Teacher's Signature _____

Approved By Principal _____