

**BUCKEYE VALLEY LOCAL SCHOOLS  
679 COOVER RD.  
DELAWARE, OHIO 43015**

**STATEMENT OF EXPENSES--ATTENDANCE AT PROFESSIONAL MEETING**

|                  |                    |
|------------------|--------------------|
| Employee's Name  | Date Submitted     |
| Meeting Attended | Date(s) of Meeting |

| DATE:             | Column2 | Column1 | Column4 | TOTAL |
|-------------------|---------|---------|---------|-------|
| LODGING           |         |         |         |       |
| BREAKFAST         |         |         |         |       |
| LUNCH             |         |         |         |       |
| DINNER            |         |         |         |       |
| REGISTRATION FEES |         |         |         |       |
| OTHER             |         |         |         |       |
| TOTAL:            |         |         |         |       |

Total Miles Traveled \_\_\_\_\_ X Negotiated rate \_\_\_\_\_ = Reimbursement amount \_\_\_\_\_

**TOTAL OF ALL EXPENSES** \_\_\_\_\_

**SIGNED** \_\_\_\_\_  
Employee Signature

**APPROVED** \_\_\_\_\_  
SUPERINTENDENT'S SIGNATURE

**DATE APPROVED** \_\_\_\_\_

\* PLEASE NOTE THAT ALL RECEIPTS FOR MEALS, REGISTRATION FEES, AND LODGING **MUST** BE ITEMIZED.  
RECEIPTS MUST BE ATTACHED TO THIS FORM. NO PAYMENT FOR EXPENSES WILL BE MADE UNLESS THIS FORM  
IS COMPLETED AND RETURNED WITH THE PROPER RECEIPTS RECEIVED.  
TIPS FOR MEALS CAN BE REIMBURSED IF THE TOTAL AMOUNT OF MEAL IS UNDER ALLOWANCE.