MILLBROOK CENTRAL SCHOOL DISTRICT
Millbrook, New York 12545

CONFERENCE EXPENSE FORM

Claimant: _____ **PO#** _____

Address: _____

_____

_____

Conference: _____ **Date:** ____/____/_____

EXPENDITURES

*Mileage: Millbrook to _____ (_____) miles@ $_____mile $_____

*Tolls: (receipts required for reimbursement) $_____

*Lodging: (inc hotel & dates) _____ $_____

_____ $_____

_____ $_____

_____ $_____

*Meals Per Daily Reimb Rate: _____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

* ORIGINAL RECEIPTS required for reimbursement.

TOTAL CONFERENCE EXPENSE: $_____

I hereby certify that the above account and schedules annexed are Just, true, and correct; that mileage reimbursement is for use of my personal vehicle, that no part thereof has been paid, except as stated therein, and that the balance therein stated are actually due and owing.

_____

x

Signature of Claimant

_____

x

Approval of Immediate Supervisor