

Beekmantown Central School District

Expense Voucher

Instructions: Please complete this form for reimbursement for attending conferences and/or meetings authorized by the Board of Education and return to your administrator.

Refer to Board of Education Travel Reimbursement Policy 6830-R for more information. Purchase of alcohol will not be reimbursed.

Print Name: _____ Conference Name: _____

Location: _____ Date(s): _____

A. Registration Fee

Prepaid by district

Total Registration \$ _____

B. Lodging

Business Office booked

Date	Hotel Name	Amount
_____	_____	_____

Total Lodging \$ _____

C. Meals (Receipts are not required)

Note: If meal is provided by the conference, per diem for that meal is not allowed. When traveling in a city with population 200,000 or greater, per diem rate per meal increases by \$10 (\$25 Breakfast, \$28 Lunch, \$45 Dinner)

Date	Breakfast (\$15)	Lunch (\$18)	Dinner (\$35)	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Total Meals \$ _____

D. Travel

Private Car: _____ round trip miles @ \$0.67 {IRS 2024 rate} per mile \$ _____

Other means of travel (Itemized Receipts must be attached. Credit/debit card receipts will not be accepted.)

Airplane Bus Ferry Parking Taxi Tolls \$ _____

Other _____

Total Travel \$ _____

Total Amount of Expenses \$ _____

Employee's Signature

Date

Note: Approved Conference Attendance Request Form must be attached to this Expense Voucher.

(For Office Use Only)

Administrator Signature

Date

Budget Code

Business Official Signature

Date

Claims Auditor Signature

Date