

**TEMPORARY DUTY EXPENSE FORM**  
**Personal Expenses For Overnight Stay Only**

Applicant's Name \_\_\_\_\_ School \_\_\_\_\_

Date Submitted \_\_\_\_\_ Account Number to be Charged \_\_\_\_\_

The actual number of days absent will be: \_\_\_\_\_

I will leave Covington \_\_\_\_\_ at approximately \_\_\_\_\_  
Month, Day and Year Time

I will return to Covington \_\_\_\_\_ at approximately \_\_\_\_\_  
Month, Day and Year Time

Name of Conference: \_\_\_\_\_ Location: \_\_\_\_\_  
City/State

**Estimated Personal Expenses For Which Reimbursement Will Be Requested:**

	<u>Sub-Total</u>
Transportation: # miles at .67 cents/mile _____ Other (Designate: plane, etc.) _____	\$ _____
<b>Meals are Reimbursed Only When Overnight Stay is required at the rate of \$46 per day.</b>	
Number of Overnight Stays: _____	_____
Room: Number of Nights _____ @ \$ _____	_____
Registration Fee: _____	_____
Miscellaneous Expense (Other Tips, etc.) Please List: _____	_____
<b>Total Estimated Expenses</b>	<b>\$ _____</b>

**Please attach to eschool mall requisition and submit prior to attending the conference.**

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Recommended by Principal/Supervisor Date

*Upon return from the conference, complete a Request for Reimbursement Form and send to Accounts Payable*

**NOTE \* Any Expense for Room, Registration Fee and Miscellaneous Expenses  
Must Be Accompanied by a Receipt for Reimbursement\***