



Amherst Exempted Village Schools Professional Meeting Expense Report

Name _____ Address: _____

City _____ State _____ Zip Code _____

Destination and purpose of trip: _____

Is this an overnight stay? Yes No PO# _____

Item	Sunda y	Monda y	Tuesday	Wednesday	Thursda y	Friday	Saturda y	Total
Date								
Breakfast (\$15.00 max)								
Lunch (\$20.00 max)								
Dinner (\$40.00 max)								
Hotel								
Parking								
Tolls								
Sub Total								
Total Miles Driven _____	Current Mileage Rate \$0.67		Total Mileage					
								Registration
								Total Reimbursement

NO ALCOHOL PERMITTED, TIPS CANNOT EXCEED 20%

Attach all itemized receipts.

I certify that claims for reimbursement listed hereon are true, that the mileage listed was actually driven on school business, and the expenses incurred were in accordance with School Board Policies and Administrative Regulations. Please include route mileage details such as MapQuest.

Employee Signature

Superintendent Signature

or _____
Supervisor Signature