ORISKANY CENTRAL SCHOOL
CONFERENCE/WORKSHOP REIMBURSEMENT REQUEST

Name _____ **Date of Request** _____

Name of Conference/Workshop _____

Location of Conference/Workshop _____ **Date(s)** _____

ACTUAL OUT OF POCKET EXPENSES TO BE REIMBURSED:

Total miles _____ at .57.5 cents per mile **(2020)**:	
Tolls, Parking or Other	
Registration Fee	
Lodging ***(No NYS tax will be reimbursed)***	
Meals ***(No tax or alcoholic beverages will be reimbursed)***	
Other Miscellaneous Expenses	
Total Expenses to be reimbursed	

Checklist - MUST be complete in order for payment to be approved:

- ☐ Registration Form with supporting materials attached
- ☐ Hotel information with supporting materials attached
- ☐ Receipts for all expenses attached
- ☐ MapQuest/Google Maps to support mileage attached

_____
Signature of Requestor

OFFICE USE ONLY

FUNDING SOURCE (Immediate Supervisor - Please check appropriate fund and insert code)

☐ **General Fund** **Code:** _____

☐ **Federal Fund** **Code:** _____

_____ _____
Immediate Supervisor's Signature **Date**

_____ _____
Superintendent's Signature **Date**

_____ _____
School Business Administrator's Signature **Date**