



**YAMHILL CARLTON SCHOOL DISTRICT
REIMBURSEMENT FORM
CONFERENCE / WORKSHOP EXPENSES**

[Click here for the preapproval form](#)

Employee Name: _____

Date Submitted: _____

Name and Date(s) of Conference / Workshop: _____

Location of Conference / Workshop: _____

Date	Description / Purpose	Miles Traveled	Lodging	Other	PO Line #
TOTALS					

PER DIEM RATES: Please search at <https://www.gsa.gov/travel/plan-book/per-diem-rates>

	Breakfast	Lunch	Dinner	Other
Per Diem Rate Daily:				
Number of Meals:				
Total Reimbursement:				

Breakfast & Dinner only on overnight stays. Lunch if not covered by conference / event.

Mileage Rate:

Rate	Miles	Total
0.67		

**Updated to .67 per mile effective January 1, 2024*

Per Diem: _____
Mileage: _____
Lodging/Other: _____

PO #: _____

TOTAL REIMBURSEMENT AMOUNT: _____

Signature of Employee/Claimant

Date

Approval for Payment

Date