

**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"/>	
				<b>Total Meals</b> \$ _____

**D. Travel**

Private Car: \_\_\_\_\_ round trip miles @ \$0.70 {IRS 2025 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