

HENDRICK HUDSON CENTRAL SCHOOL DISTRICT - CONFERENCE/TRAVEL EXPENSE FORM

SCHOOL YEAR

CONFERENCE TITLE:

CONFERENCE/TRIP DATES:

YOUR NAME (Print):

CONFERENCE LOCATION:

Last

First

Reminder: A purchase order for costs or reimbursements must be submitted (estimates are ok) and approved by the Purchasing Agent prior to the conference/trip.

Insert Date MM/DD/YY									Total
Day of the week (ex. Monday)									Expenses
Transportation									
Mileage									
Tolls									
Parking									
Airfare & Rail (Luggage Fee)									
Local (Taxi, bus, train, etc.)									
Other (Explain)									
Subtotal Transportation									
Lodging (Hotel/Motel)									
Meals: Breakfast (est. \$15) +15% Tip									
Lunch (est. \$20)+15% Tip									
Dinner (est. \$40)+15% Tip									
<i>Subtotals (Meal reimbursement not to exceed \$75 per day)+15% Tip or the amount designated by your bargaining unit</i>									
Other									
Registration Fee									
Other Fees:									
Other Subtotal									
Grand Totals									

Signature of Employee

Approval (Principal or Department Head)

Date

Asst. Supt. for Business

Date

The District cannot reimburse expenses without itemized, original receipts of payment provided. If a credit card was used provide a detailed Statement (your name included) showing expense(s) .

All receipts and claims should be sent to the Business Office as soon as possible after you return.

For mileage reimbursement submit Mapquest with detail directions + map for trip. Use location you left from (home or school)

Meals reimbursement will not be provided if the conference included the meal. No Snacks, fancy Coffees or Alcohol will be reimbursed.