



Conference Title \_\_\_\_\_

Place of Conference \_\_\_\_\_

Dates of Conference \_\_\_\_\_ To \_\_\_\_\_

**EXPENSE REPORT**

EMPLOYEE NAME: \_\_\_\_\_ SCHOOL \_\_\_\_\_  
*Must be your legal name*      *LAST NAME*      *FIRST NAME*      *MIDDLE INITIAL*

HOME ADDRESS: \_\_\_\_\_

PURPOSE OF EXPENSE: \_\_\_\_\_

DATE	DESCRIPTION	Depart Time Arrive Time	TRANSPOR- TATION OR MILEAGE**	LODGING	MEALS List meals each Day (B, L, D)	OTHER	TOTAL
Column Totals							\$

**No personal expenses.** Examples: (Phone calls not related to business, alcoholic beverages, spouse or guest expenses)

Total: \$ \_\_\_\_\_

**Based on Federal Guidelines**

**NOTE: MILEAGE RATE EFFECTIVE 1/1/26  
\$.725/MILE**

	<i>Charleston</i>	<i>Columbia</i>	<i>Hilton Head</i>	<i>All Other</i>
<i>Meal Allowances</i>	<i>Top 10 Major US Cities *</i>	<i>Myrtle Beach</i>		<i>Localities</i>
Breakfast	\$23.00	\$18.00	\$20.00	\$16.00
Lunch	\$26.00	\$20.00	\$22.00	\$19.00
Dinner	\$38.00	\$31.00	\$33.00	\$28.00
Total Per Diem	\$87.00	\$69.00	\$75.00	\$63.00

*\* Includes: New York, Los Angeles, Chicago, Houston, Phoenix, Philadelphia, San Antonio, San Diego, Dallas, & Jacksonville*

**\*\*\*Map Directions must be attached for mileage reimbursement. Text only, no map required\*\*\***

**ORIGINAL DETAILED RECEIPTS MUST BE ATTACHED TO EXPENSE FORM**

Per IRS guidelines, reimbursement of meals must involve overnight stay. Please include Conference Agenda for meal reimbursement.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Admin. Approval \_\_\_\_\_ Date \_\_\_\_\_

Account Number to Charge \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account Number to Charge \_\_\_\_\_ Amount \$ \_\_\_\_\_

A/P Only: I.V. DATE: \_\_\_\_\_ Initials: \_\_\_\_\_

Revision date: 1/5/26