



MADISON LOCAL SCHOOL DISTRICT
PROFESSIONAL LEAVE EXPENSE REPORT (For travel after 12/31/25)

Expense form must be submitted within two (2) weeks after return from professional leave to receive the expected reimbursement!

NAME: _____

EVENT: _____

DATE: _____

TOTAL EXPENSE

Registration Fee

Comm/transportation (air, taxi, etc.)

Lodging

Meals

Parking

Telephone

Personal vehicle mileage*

Actual miles _____ x \$.725 ¢ per mile

Other expenses

TOTAL EXPENSE

LESS:

PAID BY MLSD (ADVANCE)

NET REIMBURSEMENT

NOTE: ATTACH ORIGINAL RECEIPTS

I attest that the information above related to my travel expenses is true and accurate reflection of those expenses which were incurred in the performance of my employment with the Madison Local School District.

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

ACCOUNT # _____

1/5/24