



Williamson County Education Services

Jami Hodge, Director
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PERSONNEL CONFERENCE EXPENSE FORM

Employee Name: _____

Conference Name: _____

Conference Date(s): _____

Conference Location: _____

*****PLEASE ATTACH ITEMIZED RECEIPTS*****

Meals \$ _____

Lodging \$ _____

Registration \$ _____

Transportation:

- Mileages _____ @ .725/mile \$ _____
- Airfare \$ _____

Miscellaneous \$ _____

Day(s) sub needed _____

Employee Signature

Date

DIRECTOR APPROVAL

Date