FORT MILL SCHOOL DISTRICT

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 10/1/26
$.76/MILE

Meal Allowances	*Charleston Top 10 Major US Cities **	*Columbia Myrtle Beach*	*Hilton Head*	*All Other Localities*
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: 10/1/26