MILLBROOK
CENTRAL SCHOOL DISTRICT

CONFERENCE EXPENSE FORM

Date Submitted: _____ PO#: _____

Claimant: _____

Address: _____

_____

_____

Conference: _____

EXPENDITURES:

Mileage: MCSD to _____ (_____) miles @ $____ per mile $_____

Tolls: (receipts required for reimbursement) $_____

Lodging (Hotel & Dates): _____ $_____

_____

_____

Meals: # of Days _____ @ $70 per day $_____

TOTAL CONFERENCE EXPENSE: $_____

I hereby certify that the above account and schedules annexed are just, true and correct; that the mileage reimbursement is for use of my personal vehicle, that no part thereof has been paid, except as stated therein, and that the balance therein stated are actually due and owing.

_____
Signature of Claimant

_____
Approval of Immediate Supervisor