CONFERENCE EXPENSE REFUND REQUEST

Payroll Name ___________________________ Date ___________________________

Position Title ___________________________ School/ Department ___________________________

I hereby present my claim for refund for expense in connection with attendance at ___________________________

held in ___________________________ on (dates) ___________________________

as authorized by the Superintendent.

DATE: __________ __________ __________ __________ __________ __________

Registration ________ ________ ________ ________ ________ ________ ________

Breakfast ________ ________ ________ ________ ________ ________ ________

Lunch ________ ________ ________ ________ ________ ________ ________

Dinner ________ ________ ________ ________ ________ ________ ________

Hotel ________ ________ ________ ________ ________ ________ ________

Telephone ________ ________ ________ ________ ________ ________ ________

Parking ________ ________ ________ ________ ________ ________ ________

Taxi Fare ________ ________ ________ ________ ________ ________ ________

Air Fare ________ ________ ________ ________ ________ ________ ________

Automobile I drove a total of ________ miles in my automobile at ______ cents per mile =$ _________.

Other Expense ________ ________ ________ ________ ________ ________ ________

TOTAL ________ ________ ________ ________ ________ ________ ________ ________

TOTAL EXPENSE ___________________________ SIGNATURE ___________________________

Account Number ___________________________ Approval ___________________________

(Principal/ Dept. Head Signature required)

Please list all expenditures related to this conference and attach itemized receipts and submit to Accounting.

DOCUMENTATION REQUIRED FOR ALL CLAIMED EXPENSES.