

Clyde-Green Springs Schools

Expense Report

Reimbursement for Professional Meetings



Name: _____ Date: _____

Meeting Attended: _____

Location of Meeting: _____

Date(s) Attended: _____

Expenditures:

Lodging (attach receipts)..... \$ _____

Shared room with _____

Meals (attach receipts/indicate Breakfast..... _____

Lunch or Dinner on each)

Mileage (\$.40/mile X _____ miles or..... _____

other approved transportation)

Registration (do not include here if prepaid, _____

attach receipt)

Parking (attach receipts)..... _____

Other: (itemize with receipts)

Total Reimbursement Requested.....\$ _____

Signature _____

Principal Signature _____

Building _____

Date _____

Office Use Only:	
Approved	
_____	_____
Supt.	Date
_____	_____
Treas.	Date
_____	_____

All participants are required to file a brief type-written report with the Board of Education Office following the conference or visitation. Please attach to this report.