



RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL

CLAIM FOR EXPENSES  
PRE-APPROVED CONFERENCES AND/OR MEETINGS

Pay to: \_\_\_\_\_ for actual and necessary expenses incurred on authorized attendance in the interests of Ravena-Coeymans-Selkirk Central School District at a meeting and/or conference:

- A. Name of organization or group sponsoring conference \_\_\_\_\_
- B. Location (city and state) \_\_\_\_\_
- C. Time: From \_\_\_\_\_, \_\_\_\_\_ through \_\_\_\_\_, \_\_\_\_\_  
Date Time Date Time

<b>REGISTRATION:</b>	
Title of conference _____	_____
<b>TRAVEL:</b>	
By auto to and from destination _____ miles @ IRS rate	_____
Necessary travel at destination _____ miles @ IRS rate	_____
Toll charges: thruways, turnpikes (attach receipts)	_____
*Train, plane, bus (attach your portion of ticket)	_____
<b>MEALS:</b> (attach receipts)	
_____ meals (total number)	_____
<b>LODGING:</b> (attach receipts)	
_____ Days @ \$ _____ per day	_____
<b>TOTAL EXPENSES:</b>	\$ _____

This is to certify that said claim is just, due, and unpaid and that there are no offsets against the same; that the items are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\* Obtain exemption certificates from Business Office before departure.

**SUBMIT THIS FORM ALONG WITH A COPY OF YOUR APPROVED LEAVE FORM, ALL EXPENSE DETAILS AND YOUR WRITTEN CONFERENCE REPORT TO YOUR BUILDING ADMINISTRATOR.**

\_\_\_\_\_  
Building Principal Signature Date

\_\_\_\_\_  
Administrative Signature Date

**NO EXPENSES WILL BE PAID WITHOUT ALL APPROPRIATE PAPERWORK.**