

**MOUNT SHASTA UNION SCHOOL DISTRICT
CONFERENCE EXPENSE REPORT
Submit to District Office**

Name: _____

Conference: _____

Subject Area: _____ Location: _____

Departure Day: _____ Time: _____

Return Day: _____ Time: _____

1. Registration fee – unrestricted expense (original receipt required) \$ _____

2. Meals – restricted expense (no receipts required)
_____ Full day @ \$45 \$ _____

Meal breakdown for partial day

_____ Breakfast @ \$10 \$ _____

_____ Lunch @ \$15 \$ _____

_____ Dinner @ \$20 \$ _____

Total Meals \$ _____

3. Transportation – unrestricted expense

- a. Auto mileage @ current IRS standard mileage rate (\$0.54): _____ miles \$ _____
- b. Air (original receipt required) \$ _____
- c. Tolls/Parking (original receipt required) \$ _____
- d. Taxi/Bus (original receipt required) \$ _____

Total Transportation \$ _____

4. Lodging – unrestricted expense (original receipt required) \$ _____

5. TOTAL – (may not exceed \$800 if being funded by Teacher's Conference Committee) \$ _____

Signature: _____ Date: _____

Examples of receipts required:

- Conference registration
- Customer copy of credit card receipt
- Cash register receipt
- Canceled check
- Credit card statement
- Invoice marked paid

From which fund shall this be paid:

- _____ Teacher's Conference Committee (If you are requesting this reimbursement through the Teacher's Conference Committee, please submit a copy of your approved Teacher Conference Request form.)
- _____ Administration
- _____ PAR
- _____ Other _____