

**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 (65.5¢): \_\_\_\_\_ 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 \$1,200 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  
\_\_\_\_\_ Other \_\_\_\_\_