

## MARLETTE COMMUNITY SCHOOLS CONFERENCE REIMBURSEMENT FORM

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Conference \_\_\_\_\_ Date(s) \_\_\_\_\_

**\*\*All receipts must be attached for payment. Sales tax will not be reimbursed by the District.**

Registration Fee \$ \_\_\_\_\_

**Meals**

Date	Breakfast	Lunch	Dinner	Total
<b>Totals</b>				

\*Employees will not be reimbursed for expenses incurred for entertainment or for alcoholic beverages. The maximum daily meal allowance is per contract.

**Transportation**

Date	Destination	Miles Traveled	Office Use Only	
			IRS Rate/Mile	Amount
<b>Total</b>				

Lodging \$ \_\_\_\_\_

Miscellaneous Costs \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

\_\_\_\_\_ **Proof of Conference Attendance Attached (name badge with conference name, SCECHs form copy, etc.)**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_