

Dixon Public Schools
Board Member Expense Reimbursement Claim Form
 (Submit to Superintendent)

To Be Completed By Board Member: (Detailed receipts should accompany this form)

_____ Board Member
 Print Name Position
 Home Address: _____ (include city if other than Dixon)

Name of Professional Activity	Location – Include City	Date (s) Attended
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COSTS (attach detailed receipts)

Registration Fee \$ _____

Lodging _____
 Name of Hotel/Motel # of nights \$ _____

Meals \$ _____
 (The district allows \$10 Breakfast, \$15 Lunch, and \$20 Dinner includes 20% tip-if you go above this amount you will be responsible for the difference)

Transportation _____ miles @ _____/mile \$ _____
 Mileage (to and from home)

Tolls (attach receipts or IPASS print out) \$ _____

Other Expenses \$ _____

TOTAL \$ _____

Advance Funds Received \$ _____

Amount to be Reimbursed \$ _____

I certify that this statement accurately describes the actual and necessary business expenses incurred by me while engaged in school district business.

_____ (Signature of Board Member) _____ (Date)

TO BE COMPLETED BY SUPERINTENDENT:

Amount to be reimbursed \$ _____

Account to be charged _____ / _____
 (Line item number) (Line item title)

CENTRAL OFFICE APPROVAL:

_____ (Signature of Superintendent/Designee) _____ (Date)

School Board Action: Approved Denied
 Approved in Part Exceeds Maximum Allowable Amount