

**DEPEW UNION FREE SCHOOL DISTRICT
CLAIM FORM FOR CONFERENCE EXPENSES**

Please complete this section of form after attending the conference and attach receipts.*

BUDGET CODE: _____

Name of Claimant _____

Address _____

Dates of Travel _____ Destination _____

TRANSPORTATION

[] Private Auto [] Bus [] Plane [] Train [] Taxi Charge \$ _____

from _____ to _____ ,

Total Miles _____ @ _____ = \$ _____

Tolls or Parking \$ _____

Other Charges (specify) _____ \$ _____

TOTAL TRANSPORTATION \$ _____ (1)

OTHER EXPENSES

Lodging _____ nights \$ _____

* Lodging costs cannot exceed conference rate at the conference hotel; federal per diem lodging rate for geographic area, or prior Superintendent approval. (Policy 6161)

\$ _____ Breakfast \$ _____ Lunch \$ _____ Dinner \$ _____

* Cost for meals cannot exceed the current federal per diem meal rates for the geographic area (Policy 5323)

Registration Fee \$ _____

Other (specify) _____ \$ _____

TOTAL OTHER EXPENSES \$ _____ (2)

TOTAL CLAIM \$ _____ (1 + 2)

Advance payment (if applicable) \$ - _____

TOTAL AMOUNT DUE \$ _____

I hereby certify that the above account and receipts attached are just, true, and correct, that no part thereof has been reimbursed, and that the total amount is actually due and owing.

Signature _____ Date _____

Supervisor Signature _____

Claim Approved By _____
Purchasing Agent

*School is Tax Exempt