

Newhall School District
Conference & Workshop Reimbursement

Participant Name: _____ Site: _____

Conference Title: _____ Date(s): _____

ACTUAL EXPENSES						
Registration- <input type="checkbox"/> District prepaid with PO or Credit Card. No reimbursement necessary. <input type="checkbox"/> I have attached my receipt for the reimbursement of registration expenses.						\$
Mileage- (\$0.70/mile x _____ round-trip miles to and from conference) <input type="checkbox"/> I have attached a Map and Directions printout for mileage verification.						\$
Airfare- <input type="checkbox"/> District prepaid with PO or Credit Card. No reimbursement necessary. <input type="checkbox"/> I have attached my receipt for reimbursement of airfare expenses.						\$
Lodging- Total number of nights: _____ at \$ _____ nightly rate. <input type="checkbox"/> I have attached my receipt for reimbursement of lodging expenses.						\$
Meals- (Breakfast:\$17, Lunch:\$18, Dinner:\$34, per diem as stated in BP 3350)						\$
Date→						
Breakfast	\$	\$	\$	\$	\$	
Lunch	\$	\$	\$	\$	\$	
Dinner	\$	\$	\$	\$	\$	
<input type="checkbox"/> I have attached my itemized receipts for reimbursement of meal expenses.						
Other- (Parking, Tolls, Misc.: _____)						\$
Total expenses to be reimbursed:						\$
Funding Source (Acct): _____						

Comments/Notes: _____

I hereby certify that this represents the actual and necessary expenses in connection with attendance at this conference.

Participant Signature: _____ Date: _____

-----**EXPENSE REIMBURSEMENT APPROVAL**-----

Principal/Supervisor Signature: _____ Date: _____

Asst. Supt. Business Signature: _____ Date: _____