Conference Reimbursement

To:	Finance Department	Date:
Name:		Building:
Princ	cipal/Supervisor Signature:	
(Note □ M	e: Must be 50+ miles outside of the St. Louis a liles @ .58¢ per mile (Rented a card/on Distr • Set mileage for: Jefferson City, MO (2	rict Credit Cardthis is for gas) 270 miles, round-trip) - \$156.60; Columbia, MO (240 each/Lake of the Ozarks, MO (360 miles round-trip) -
pa me	rtial days: conference day =3 meals, travel day = 1 eals included in registration.	ips, cab fare, parking, luggage fees and taxes. Pro-rated for I meal (contingent on time of travel). No reimbursement for s)
	(including \$75.00 for hotel parking)	\$ \$
Reg i	<u>istration</u> :	\$TOTAL
		\$TOTAL
Confe	erence Attended:	Total Expenses: \$
Place	e of Conference:	Total Allocated: \$
Date((s) of Conference:	Advance: \$
Char	ge Conference To:	To be Reimbursed: \$(subtract 3 from 1 or 2, whichever is less)
		Amount Returned To the District: \$

Submit ALL original receipts with the Conference Reimbursement Form within 30 days. Funds will be reimbursed for <u>preapproved</u> amounts only. No reimbursements will be given without original receipts.