



**BALDWIN-WHITEHALL SCHOOL DISTRICT  
Conference Expense Reimbursement Form**

Complete and return to the Superintendent's Office within one week upon return from your conference along with all receipts and a Conference Evaluation. Expenses will not be reimbursed without detailed, original receipts.

Name \_\_\_\_\_ Bldg./Dept. \_\_\_\_\_

Conference \_\_\_\_\_ Budget Acct. \_\_\_\_\_

Location (City and State) \_\_\_\_\_

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

**EXPENSES (ATTACH ALL DETAILED RECEIPTS)**

1. Transportation: (The most economical means will be utilized)

Airfare \_\_\_\_\_

Train Fare \_\_\_\_\_

Bus Fare \_\_\_\_\_

Auto Mileage \*\* \_\_\_\_\_ miles @ \$0.58 \_\_\_\_\_

Turnpike Fees \_\_\_\_\_

Cab Fares \_\_\_\_\_

Parking Fees Other \_\_\_\_\_

Transportation \_\_\_\_\_

2. Meals (subject to BWSD meal limits/attach detailed receipts) \_\_\_\_\_

3. Registration Fees (attach detailed receipts) \_\_\_\_\_

4. Hotel (attach detailed receipt) \_\_\_\_\_

5. Other Expenses (please list below and attach detailed receipts) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\* If more than two people are attending the same conference, they are expected to share the expense of one car.

TOTAL REIMBURSEMENT DUE EMPLOYEE \_\_\_\_\_

I certify that I have only included expenses made on behalf of Baldwin-Whitehall School District.

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

Business Manager \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_