



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 @ \$0.535 _____

Turnpike Fees _____

Cab Fares _____

Parking Fees _____

Other Transportation _____

2. Meals (subject to BWSO 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 _____