

MOUNTAIN VIEW SCHOOL DISTRICT
CONFERENCE REIMBURSEMENT FORM
ITEMIZED EXPENSE ACCOUNT



NAME: _____

CONFERENCE TITLE: _____ DESTINATION: _____

CONFERENCE DATE AND TIME: _____ TO : _____

EXPENSES:

Registration fees \$ _____
 Airfare (Coach) \$ _____
 Taxi and/or Limousine fare..... \$ _____
 Mileage @ approved IRS rate..... \$ _____
 (may not exceed equivalent airfare) **Odometer reading required:**
 Starting odometer reading: _____
 Ending odometer reading: _____

Along with your lodging and parking costs, put the appropriate Per Diem amount for each meal on the correct dates below. **Do not include meals that were included in your conference and be cautious not to include meals before or after reasonable travel time** based on the conference start and ending dates and times. Meal rates are: Breakfast-\$15, Lunch-\$16, Dinner-\$28, and Incidentals-\$5. Each full day should total \$64 unless a meal was provided by the conference.

DATE	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTALS	PARKING	DAILY TOTAL

Total Expenses: \$ _____
 Less Advance: \$ _____
 Reimbursement Requested: \$ _____

Comments: _____

I certify that the above statement represents the actual and necessary expenses in connection with my trip. **ORIGINAL ITEMIZED RECEIPTS FOR ABOVE NECESSARY EXPENDITURES MUST BE ATTACHED TO THIS FORM FOR REIMBURSEMENT (EXCEPT PER DIEM REIMBURSEMENT FOR MEALS.)**
Submit this form within 10 days of returning to the district.

Date: _____ Signed: _____

Credit card charge slips and copies of receipts are not acceptable; please provide itemized receipts from stores and restaurants or reimbursement will be disallowed. Read BP 4133 regarding no allowance for alcohol and other personal expenses.