

**USD 223 BARNES – HANOVER - LINN
CONFERENCE EXPENSES/REIMBURSEMENT FORM**

Activity Payment

Activity Hours _____ @ \$10.00 = _____

Request for Reimbursement

Following your attendance at an approved conference, please complete this form and return to the Central Office within 30 days of your meeting/activity or prior to June 15, whichever comes first.

Expenses Allowed:

- Registration Fee** - (not to include membership dues or fee for late registration)
- Transportation** - **School vehicle must be used if available.** Carpooling is encouraged. If necessary to use personal vehicle mileage will be paid at the recommended state rate. (\$50 Limit) Parking fees must be approved in advance.
- Meals** - \$25 per day maximum (tips not included) - Three day limit.
- Room** - \$85 per day maximum - Three day limit.

RECEIPTS MUST BE ATTACHED TO THIS FORM FOR YOU TO BE REIMBURSED.

Registration _____

Transportation _____

Meals Day 1 _____
..... Day 2 _____
..... Day 3 _____

Rooms Day 1 _____
..... Day 2 _____
..... Day 3 _____

TOTAL _____

Signature of Conferee

Date Submitted

Name of Conference

Date of Conference