

# TRI-COUNTY EDUCATIONAL SERVICE CENTER

## PROFESSIONAL MEETING EXPENSE REPORT

Name \_\_\_\_\_

Conference or Meeting Attended \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

### I. MILEAGE

Miles

From \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_

Total Miles \_\_\_\_\_

Total Miles at \$.67 per mile

### II. MEALS (Maximum \$20 per day. Original, itemized receipts MUST accompany this form.)

<u>Date</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Meals

### III. LODGING (Original receipts required)

Total Lodging

### IV. OTHER EXPENSES (Registration, Parking, Tuition, etc. – Itemize below & attach original receipts)

<u>Date</u>	<u>Item</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Other Expenses \$

TOTAL OF ALL EXPENSES \$

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

### ADMINISTRATIVE APPROVAL

Immediate Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Director \_\_\_\_\_

Date \_\_\_\_\_

Superintendent \_\_\_\_\_

Date \_\_\_\_\_