

BERRIEN SPRINGS PUBLIC SCHOOLS

CONFERENCE EXPENSE REPORT

Name: _____ Conference Date(s): _____

Name of Conference Attended: _____

Building/Program: _____ Location: _____

EXPENSE SUMMARY: (Enter cost of each item)

Conference Registration _____

Hotel/Motel Expenses (if applicable-Receipts must be turned in) _____

Food Expenses (***Itemized** receipts must be turned in to be reimbursed) _____

Mileage Reimbursement (if applicable) Enter # of Miles x current rate \$.56 (2021) \$0.00
(2020 mileage rate=\$.575)

Parking (Receipt must be turned in) _____

Miscellaneous _____

TOTAL COST OF CONFERENCE \$0.00

LESS: (Expenses paid by the district prior or during conference for registration, hotel, meals, etc.)

Indicate if paid by School Check or School Charge Card:

Check School Credit Card Amount _____

Check School Credit Card Amount _____

Check School Credit Card Amount _____

Total Paid by District \$0.00

Balance being requested for reimbursement to employee: \$0.00

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE

DATE

DATE

THIS FORM, WITH RECEIPTS FOR ALL EXPENSES, MUST BE FILED WITH THE BUSINESS OFFICE WITHIN FIVE (5) WORKING DAYS AFTER RETURNING.

**The purpose of requiring itemized food receipts is to provide proof that public funds are not being used to purchase alcoholic beverages.*