
WHITE PIGEON COMMUNITY SCHOOLS

Conference & Mileage Reimbursement Form

PERSON TO REIMBURSE _____ DATE _____

PROJECT OR CONFERENCE
TITLE & DATE: _____

EXPENSES

OFFICE USE ONLY

Conference Registration Fees _____

Acct # _____

Conference Lodging Fees _____

Acct # _____

Conference Food Expenses _____

Acct # _____

Other Materials or
Teaching Supplies _____

Acct # _____

MILEAGE

Miles Traveled _____ x _____ per mile
(current rate)

Amount Due _____
(Business Office will compute this)

Acct # _____

Total Amount Reimbursed _____

(NOTE: ORIGINAL SALES SLIPS OR RECEIPTS MUST BE ATTACHED TO THIS FORM IN ORDER TO BE REIMBURSED)

Signature: _____

Administrative Approval _____