

LINCOLN UNIFIED SCHOOL DISTRICT

CONFERENCE EXPENSE REIMBURSEMENT FORM

(Reference: Board Policy 3350)

(Please Print)

Name: _____ Date: _____

Home Address: _____

School/Department: _____

Name of Conference: _____

Conference Location: _____ Conference Date(s): _____

Budget account number to be charged: _____

Expenses: Copy of registration or agenda required

(Do not include expenses prepaid by district)

Registration Fees: *(Attach receipts)* \$ _____

Lodging Expenses: *(Attach receipts)* \$ _____

Travel Expenses:

Contract Transportation (airplane, train, bus): *(Attach receipts)* \$ _____

Car Rental: *(Attach receipts)* \$ _____

Parking Fees: *(Attach receipts)* \$ _____

Mileage Reimbursement: Miles _____ x \$ _____ (current IRS rate) = \$ _____

Meals	Date(s)	Total Meals		Daily Allowances	
Breakfast			X	\$ 10.00	= \$ _____
Lunch			X	\$15.00	= \$ _____
Dinner			X	\$20.00	= \$ _____

(Daily Allowance shall be updated based on IRS rate per Board Policy 4132)

Total Reimbursement Due (or refund to District): \$ _____

I certify the expenditures presented above are true and correct, and represent a legal charge against Lincoln Unified School District funds.

Approved by:

Employee Signature

Principal/ Administrator Signature

CAR POOL INFORMATION

Driver:

Passengers: 1) 3).....

2) 4).....