



STATEMENT OF REIMBURSABLE EXPENSES

NAME:	SCHOOL:
ADDRESS:	DEPT:
CITY/STATE/ZIP:	DATE:
LOCATION OF ACTIVITY:	DATE OF ACTIVITY:
DESCRIPTION: (PURPOSE OF EXPENSE, OR NAME OF ACTIVITY OR WORKSHOP/CONFERENCE)	

DESCRIPTION	ACCOUNT NUMBER	AMOUNT
REGISTRATION FEES (DO NOT INCLUDE IF PREPAID BY DISTRICT)	E _____ - _____ - _____	
MILEAGE TOTAL MILES _____ x \$.58/MILE*	E _____ - _____ - _____	
MEAL COST (REVIEW TABLE ON BACK)	E _____ - _____ - _____	
LODGING	E _____ - _____ - _____	
AIRFARE	E _____ - _____ - _____	
PARKING/TOLLS	E _____ - _____ - _____	
SUPPLIES/BOOKS	E _____ - _____ - _____	
CAR RENTAL/SHUTTLE/FUEL	E _____ - _____ - _____	
OTHER EXPENSES: _____ _____ _____	E _____ - _____ - _____	
	TOTAL EXPENSES:	\$

*ITEMIZED RECEIPTS MUST BE ATTACHED
SEE BACK FOR BOARD POLICIES ON ALLOWABLE EXPENSES*

SIGNED/APPROVED	DATE
STAFF MEMBER:	
PRINCIPAL/ SUPERVISOR:	
DIRECTOR/DISTRICT ADMINISTRATOR:	

ALLOWABLE EXPENSES:

Individuals requesting reimbursement must complete this form and attach all supporting documentation as indicated below:

- The cost of registration fees will be reimbursed at actual cost. Evidence of payment is required (receipt, copy of cancelled check, or copy of credit card statement).
- Individuals requiring the use of their personal vehicles for school business shall be reimbursed by the District at the current *Internal Revenue Service mileage rate. Reimbursement will be from workplace or residence, whichever is the shortest distance to conference/workshop.
- The cost of meals (see guidelines below) for approved out-of-district activities that require an overnight stay will be reimbursed at actual cost. **Itemized receipts are required.** Please staple receipts to the back of this form; do not put in an envelope.
- The cost of lodging will be reimbursed at the actual cost. Reimbursement for lodging is limited to the single room rate, or ½ the double room rate. Itemized receipts required.
- Reimbursement for airfare and transportation expenses including business related telephone calls, parking fees, bus/taxi fares, highway tolls, and other expenses directly related to Neenah Joint School District business will be reimbursed at the actual cost. Receipts are required.

GUIDELINES FOR MEAL REIMBURSEMENT:

You do not need to itemize breakfast/lunch/dinner on this form, but all attached receipts must be itemized. Itemized receipts are required regardless of cost, but reimbursement should remain within the **\$40/per day/per person** daily allowance.

Breakfast/Brunch	Lunch	Dinner
<i>Up to \$8</i>	<i>Up to \$12</i>	<i>Up to \$20</i>

Examples: If the workshop/conference provides breakfast and lunch, your meal allowance for dinner would be \$20. If the workshop/conference does not provide breakfast and lunch, and you decide to skip breakfast, you can use that amount (\$8) on a different meal in the same day.

EXCLUSIONS:

The following expenses will not be reimbursed:

- Meals for in-district activities
- Entertainment of any kind, whether planned especially for convention participants or not
- Travel (bus/taxi fares) to other destinations from the meeting site for personal purposes
- Cleaning, pressing, or repair of clothing
- Alcoholic beverages
- Traffic or parking fines