

MARION SCHOOL DISTRICT
EMPLOYEE CONFERENCE REQUEST/REIMBURSEMENT FORM

Reimbursement for Travel must have prior approval by the Superintendent/Designee

Employee _____ School/Dept. _____

Name of Workshop/Conference _____

Date(s) of Conference _____

Destination _____ Telephone _____
 (where you can be reached)

Other persons attending with you _____

Purpose (how will attendance benefit you and/or the district) _____

COSTS:

	<u>Estimated</u>	<u>Actual</u>
Registration Fees:	\$ _____	\$ _____
Mileage: IRS rate: <u>\$65.5</u> x _____ round trip miles = (.33/mile if van available and you use personal vehicle)	_____	_____
Other Transportation Fees: (i.e. parking, gasoline for van)	_____	_____
Lodging: Place _____ Rate \$ _____ x number of nights _____ = (See State of Wisconsin limits for Maximums) Convention headquarters & hotel in same building ___ Yes ___ No	_____	_____
Meals: (Maximum: \$8 Breakfast; \$10 Lunch; \$20 Dinner) Reimbursement for meals must include <u>itemized receipt</u> , no alcohol, and will be limited to per diem rate	_____	_____
Substitute Costs: Number of Days _____ x <u>\$115</u> =	_____	_____
Miscellaneous: _____	_____	_____
Total Conference Cost	\$ _____	\$ _____
Amount to be paid to Employee		\$ _____

ACCOUNT NUMBERS

(Registration)	10 E _____ 310 _____	\$ _____
(Travel Expenses)	10 E _____ 342 _____	\$ _____
(Dues/Fees)	10 E _____ 940 _____	\$ _____

REQUEST APPROVED ___ Yes ___ No

 Supervisor/Superintendent Date

REIMBURSEMENT APPROVAL: I hereby certify that the expenditures for which I request reimbursement represent expenses incurred by me for District business and include no items of a personal nature.

 Employee Signature Date

APPROVED ___ Yes ___ No

 Supervisor/Superintendent Date