

BURLINGTON AREA SCHOOL DISTRICT (STATEMENT OF EXPENSES INCURRED)

EMPLOYEE NAME: _____

DATE: _____

DATE	EVENT	LOCATION	MILEAGE INCURRED No. of Miles	CONFERENCE/ WORKSHOP REGISTRATION Amount	HOTEL Amount	BREAKFAST \$8.00 (max)	LUNCH \$10.00 (max)	DINNER \$20.00 (max)	MISC. Amount

SUB TOTALS:

of miles _____ x .535 = _____
 Registration = _____
 Hotel = _____
 Breakfast = _____
 Lunch = _____
 Dinner = _____
 Misc. = _____

NOTE:

- ◆ Itemized receipts required for all expenses (except mileage)
- ◆ Sales tax will not be reimbursed (tax exempt form available in school offices)
- ◆ Reimbursements take approximately 1 month to process

TOTAL REIMBURSEMENT: \$ _____