

BURLINGTON AREA SCHOOL DISTRICT (STATEMENT OF EXPENSES INCURRED)

EMPLOYEE NAME: _____

DATE: _____

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