

MASON COUNTY SCHOOLS

NOTE: FORM MUST BE SUBMITTED WITHIN SEVEN DAYS AFTER THE MEETING TO THE BOARD OF EDUCATION WITH ALL SIGNED RECEIPTS ATTACHED.
FROM Official Headquarters AS ASSIGNED BY SUPERINTENDENT/BOARD Action

Name: _____

Date: _____ Address: _____

City, State, Zip: _____

Work location: _____

Date of meeting: _____

Name & location of meeting: _____

Purpose of meeting: _____

Actual Expenses

✓ Signed and dated itemized original receipt(s) showing a zero balance must be attached for reimbursement consideration.

Mileage _____ miles @ _____ 0.540 _____ per mile \$ _____

Registration Fee: \$ _____

Meals (Maximum \$35.00 per day; must be an overnight stay; no alcohol expenses.) \$ _____

Parking/Toll \$ _____

Lodging (Only locations beyond 75 miles from the County; the Superintendent may approve exceptions.) \$ _____

Total Actual Expenses \$ _____

Total Allowable Expenses LEA Use Only \$

X

Employee's Signature Date

X

Principal's Signature Date

X

Director's/Coordinator's Signature Date

LEA Use Only
Account Code LEA Use Only

X

Treasurer's Approval Date