Revised 1/1/17 BLUE

Mineral Point Unified School District Expense Reimbursement Form

(For Approved Conferences, Workshops & Meetings)

Name:					Date:		
Conf	erence Atten	ded:					
Conf	erence Date(s):					
Acco	unt Number	for Paymer	nt:				
	Actual Expenses to Claim				Amount		
	Mileagemiles X .535 (only if personal vehicle used)						
Lodging							
	*Meals						
	Fee (only if not prepaid)						
	Miscellaneous						
	Total Expense	s Claimed					
MII	LEAGE-COMMC	N ROUND T	RIP	 	*Meal reimburse	ement limited to:	
Belr	Belmont 26 Lancaster 75			Breakfast			
1		adison	110			\$11.00	
1	omington 110 M				Dinner	\$23.00	
	cobel 90 M		65		Diagon in alcodo a		
Cuba City 54 Pecatonica 40			Please include receipts to support				
Darlington 28 Platteville 40 Dodgeville 16 Richland Center 90			claimed expense	25.			
	-	chland Center ver Valley	90 60				
1		ver valley verdale	75				
				_			
				<u>APPROVAL</u>			
	Principal				Superintende	ent	

The yellow form should be used for pre-approval before the conference/meeting.