

**Mineral Point Unified School District**  
**Expense Reimbursement Form**  
 (For Approved Conferences, Workshops & Meetings)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Conference Attended: \_\_\_\_\_

Conference Date(s): \_\_\_\_\_

Account Number for Payment: \_\_\_\_\_

Actual Expenses to Claim	Amount
<b>Mileage</b> _____ miles X .67 (only if personal vehicle used)	
<b>Lodging</b>	
<b>*Meals</b>	
<b>Fee</b> (only if not prepaid)	
<b>Miscellaneous</b>	
<b>Total Expenses Claimed</b>	

**MILEAGE-COMMON ROUND TRIP**

Belmont	26	Lancaster	75
Blackhawk	68	Madison	110
Bloomington	110	Milwaukee	260
Boscobel	90	Mt. Horeb	65
Cuba City	54	Pecatonica	40
Darlington	28	Platteville	40
Dodgeville	16	Richland Center	90
Fennimore	62	River Valley	60
Iowa-Grant	30	Riverdale	75

**\*Meal reimbursement limited to:**

Breakfast	\$ 7.00
Lunch	\$11.00
Dinner	\$23.00

**Please include receipts to support  
 claimed expenses.**

**APPROVAL**
 \_\_\_\_\_  
 Principal

 \_\_\_\_\_  
 Superintendent