

**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
Mileage _____ miles X .535 (only if personal vehicle used)	
Lodging	
*Meals	
Fee (only if not prepaid)	
Miscellaneous	
<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

<u>*Meal reimbursement limited to:</u>	
Breakfast	\$ 7.00
Lunch	\$11.00
Dinner	\$23.00
Please include receipts to support claimed expenses.	

**APPROVAL**

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Superintendent

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