

**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 .56 (only if personal vehicle used)	
Lodging	
*Meals	
Fee (only if not prepaid)	
Miscellaneous	
Total Expenses Claimed	

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