



# Marengo County

SCHOOL DISTRICT

## EXPENSE FORM

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Title of Conference/Meeting/ Training:

\_\_\_\_\_

Location: \_\_\_\_\_ Date(s): \_\_\_\_\_ to \_\_\_\_\_

**Travel/Mileage Info: \*Mileage rate effective 7/1/2022\***

Travel from: \_\_\_\_\_ to \_\_\_\_\_

Mileage @ .50 cents per mile x \_\_\_\_\_ (# of miles) = Total for Travel: \$ \_\_\_\_\_

**Meal Allowances:**

Breakfast: \$6.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Lunch: \$8.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Dinner: \$12.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

**\*Meals will be reimbursed at the above rates\*** Total for Meals: \$ \_\_\_\_\_

**Hotel Accommodations:**

**\*Must be reasonable and attach receipt\*** Total for Hotel: \$ \_\_\_\_\_

**Other Expenses: \*Give brief description\***

\_\_\_\_\_  
\_\_\_\_\_

Total for other expenses: \$ \_\_\_\_\_

**Total Amount Requested for Reimbursement:** \$ \_\_\_\_\_

**\*Attach documentation of attendance and the approved PD Funding Request Form\***  
*Documentation of attendance can be a copy of the agenda or a certificate of the event.*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee:

Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Superintendent:

Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

CSFO: