

**EVERGREEN SCHOOL DISTRICT
Conference/Workshop Reimbursement**

Name _____ Date: _____

Conference/Workshop Title: _____

Date(s) Attended: _____ City: _____

Note: Original invoice(s), receipt(s), or canceled check(s) for registration fees, lodging, public transportation, books, etc. must accompany this claim.

Registration: _____ \$ _____

Lodging: _____ \$ _____

Meals: Maximum is \$50 per day for three meals. List exact cost of individual meals. Alcoholic beverages are not reimbursable.

Date	Breakfast	Lunch	Dinner	
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

Travel: Coach airfare or the current IRS mileage reimbursement rate, whichever is less. \$ _____

Miscellaneous: Rental car, taxi fare, parking fees, bridge tolls, etc.
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Claim: \$ _____

Claimant's Signature: _____ Date: _____

Approved By: _____ Date: _____

Approved By: _____ Date: _____

Account #: _____

B.O. Approval: _____ Date: _____