

A-M-A EDUCATIONAL SERVICE DISTRICT
ACTUAL EXPENSES
FROM CONFERENCE/TRAVEL

BUSINESS OFFICE USE ONLY—AMA ESD INVOICE APPROVAL

SIGNED: _____

ACCOUNT # _____

INSTRUCTIONS:

1. Upon returning from your conference, complete all information listed below. If there are no expenses in a particular category, enter -0-.
2. Attach all supporting detailed receipts. (Credit card slips will not be accepted.) Reimbursements will be paid from this form and not from your regular monthly travel.
3. Turn in completed form to your supervisor as soon as you return from your conference, but no later than 30 days after return.

Name: _____ Date(s) of travel: _____
 Time of departure: _____
 Time of return: _____
 Name of Conference: _____ Location of Conf: _____

A. REGISTRATION: Prepaid by District – Paid to: _____
 Paid by me – please reimburse. (Attach copy of registration form and paid receipt.)
ACTUAL REGISTRATION COST: \$ _____

B. LODGING: Paid by district – Paid to: _____
 (Attach detailed checkout form from hotel.)
 Paid by me – please reimburse. (Attach detailed checkout form from hotel—credit card slips will not be accepted.)
ACTUAL LODGING COSTS: \$ _____

C. MEALS: Meal Allowance:
Administration, Support Staff, Paraprofessionals
 # of breakfasts: _____ X \$ 8.00 = \$ _____
 # of lunches: _____ X \$12.00 = \$ _____
 # of dinners: _____ X \$20.00 = \$ _____
ACTUAL MEAL ALLOWANCE: \$ _____

Professionals: Detailed receipts attached for meals:
 Total cost for breakfasts: \$ _____
 Total cost for lunches: \$ _____
 Total cost for dinners: \$ _____
ACTUAL MEAL COST: \$ _____

D. TRANSPORTATION: **ACTUAL MILES TRAVELED:** _____
 Staff car used. Cost: _____ miles x .555 per mile \$ _____
 My car used – Gas expense only (personal business)
 (use current Blarney Castle unleaded price) Cost: _____ miles ÷ 20 X _____ \$ _____
 My car used – No staff car available Cost: _____ miles x .555 per mile \$ _____
ACTUAL TRANSPORTATION COSTS: \$ _____

E. OTHER EXPENSES: Prepaid by District Paid by me (attach detailed receipt) – **please reimburse**
 _____ \$ _____
 _____ \$ _____
ACTUAL OTHER EXPENSE COST: \$ _____

TOTAL ACTUAL EXPENSES LISTED ABOVE

A + B + C + D + E = \$ _____

ESTIMATED COST FROM PRE-APPROVAL OF CONFERENCE TRAVEL REQUEST FORM

\$ _____

 Applicant's Signature Date

 Supervisor's Signature Date

Charge to Account # _____

 Board of Education Approval Date