

Beekmantown Central School District**Expense Voucher**

Instructions: Please complete this form for reimbursement for attending conferences and/or meetings authorized by the Board of Education and return to your administrator.

Refer to Board of Education Travel Reimbursement Policy 6830-R for more information. Purchase of alcohol will not be reimbursed.

Print Name: _____ Conference Name: _____

Location: _____ Date(s): _____

A. Registration Fee

Prepaid by district ☐ **Total Registration** \$ _____

B. Lodging

Business Office booked ☐

Date _____ Hotel Name _____ Amount _____

Total Lodging \$ _____

C. Meals (Receipts are not required)

Note: If meal is provided by the conference, per diem for that meal is not allowed. When traveling in a city with population 200,000 or greater, per diem rate per meal increases by \$10 (\$25 Breakfast, \$25 Lunch, \$40 Dinner)

Date	Breakfast (\$15)	Lunch (\$15)	Dinner (\$30)	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Total Meals \$ _____

D. Travel

Private Car: _____ round trip miles @ \$0.585 {IRS 2022 rate} per mile \$ _____

Other means of travel (Itemized Receipts must be attached. Credit/debit card receipts will not be accepted.)

☐ Airplane ☐ Bus ☐ Ferry ☐ Parking ☐ Taxi ☐ Tolls \$ _____

☐ Other _____

Total Travel \$ _____

Total Amount of Expenses \$ _____

Employee's Signature

Date

Note: Approved Conference Attendance Request Form must be attached to this Expense Voucher.

(For Office Use Only)

Administrator Signature

Date

Budget Code

Business Official Signature

Date

Claims Auditor Signature

Date