Rev. 12/15 **MALONE CENTRAL SCHOOL**

**EXPENSE REQUEST FORM**

***NOTE: PLEASE REFER TO BUSINESS EXPENSE REIMBURSEMENT GUIDELINES***

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of Conference (MUST ATTACH BROCHURE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date and Time of Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date and Time of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ESTIMATED EXPENSES**

**Amount Requested**

**Business Office**

**$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transportation: \_\_\_\_\_\_\_ Miles at .50 per mile $ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**

**(or) Cost of Public Transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lodging: \_\_\_\_\_ nights @ $\_\_\_\_\_\_\_\_\_ per night \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Meals: \_\_\_Breakfast ($8) \_\_\_ Lunch ($12) \_\_\_ Dinner ($22) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Substitute required**

**Registration Fee (excluding membership) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other expenses (be specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL ESTIMATED EXPENSES $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(All expenses must be documented and original itemized receipts submitted. Tax exempt certificates are available and should be used for appropriate school expenses.)** **Mileage claims must include a copy of mapquest destination page.**

**SPECIAL NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ (To Be Completed By**

**Employee Signature Date Appropriate Program Administrator)**

**BUDGET CODES TO BE CHARGED**

**Code Amount**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Not Approved Principal Date**

**\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  
\_\_\_ Not Approved Director Date**

**CENTRAL OFFICE**

**Fiscal Verification: Final Approval:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Administrator Date Superintendent of Schools Date**

**THIS COMPLETED FORM MUST BE ON FILE IN THE DISTRICT OFFICE OR THE EMPLOYEE WILL BE**

**CONSIDERED ABSENT WITHOUT APPROVAL.**

**Original-Employee Copy-Principal Copy-Business Administrator**

**Claim #C\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPENSE VOUCHER Vendor # \_\_\_\_\_\_\_\_\_\_\_**

**(Please Print or Type)**

**Name of Claimant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Last) (First) (Middle)**

**Address of Claimant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Attendance at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Explanation)**

**From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Date) (Date) (Location)**

**ITEMIZED EXPENSES**

**Registration fee (attach receipt)………………………………………………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lodging (attached receipted bill)**

**Name of Hotel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date(s) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Total Lodging……………………………………………………………………………. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Meals Specify Breakfast, Lunch or Dinner**

**Date (Keep Separate – Attach Receipt) Amount**

**\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Meals……………………………………………………………………………….. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tuition………………………………………………………………………………………………………………………………….. …. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Books and Materials (attach receipted bill)………………………………………………………………………………. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transportation (attach receipt)**

**Public Transportation: \_\_\_\_ Bus \_\_\_\_ Train \_\_\_\_ Plane Ticket Charge $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Privately Owned Conveyance Taxi Service $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Miles \_\_\_\_\_\_\_\_\_\_\_\_**

**(starting point) (destination)**

**From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Miles \_\_\_\_\_\_\_\_\_\_\_\_**

**(starting point) (destination)**

**Total Mileage \_\_\_\_\_\_\_\_\_\_ at .50 cents/mile = …………………………………. $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thruway Tolls (attach receipts)………………………………………………………… $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Charges (specify and attach receipts)……………………………………… $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Transportation………………………………………………………………….. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(specify)**

**Total Amount Claimed …………………………………………………………………………………………………………….. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby certify that the above account and receipts annexed are just, true and correct; that no part thereof has been reimbursed; and that total claimed is actually due and owing.**

**Dated \_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**