

**MARION SCHOOL DISTRICT
EMPLOYEE CONFERENCE REQUEST/REIMBURSEMENT FORM**

Reimbursement for Travel must have prior approval by the Superintendent/Designee

Employee _____ School/Dept. _____

Name of Workshop/Conference _____

Date(s) of Conference _____

Destination _____ Telephone _____
(where you can be reached)

Other persons attending with you _____

Purpose (how will attendance benefit you and/or the district) _____

COSTS:

	<u>Estimated</u>	<u>Actual</u>
Registration Fees:	\$ _____	\$ _____
Mileage: IRS rate: <u>\$.56</u> x _____ round trip miles = (.28/mile if van available and you use personal vehicle)	_____	_____
Other Transportation Fees: (i.e. parking, gasoline for van)	_____	_____
Lodging: Place _____ Rate \$ _____ x number of nights _____ = <i>(See State of Wisconsin limits for Maximums)</i> Convention headquarters & hotel in same building ___ Yes ___ No	_____	_____
Meals: <i>(Maximum: \$8 Breakfast; \$10 Lunch; \$20 Dinner)</i> <i>Reimbursement for meals must include <u>itemized receipt</u>, no alcohol, and will be limited to per diem rate</i>	_____	_____
Substitute Costs: Number of Days _____ x <u>\$113.03</u> =	_____	_____
Miscellaneous: _____	_____	_____
Total Conference Cost	\$ _____	\$ _____
Amount to be paid to Employee		\$ _____

ACCOUNT NUMBERS (Registration) 10 E _____ 310 _____ \$ _____
(Travel Expenses) 10 E _____ 342 _____ \$ _____
(Note: Beginning 7-1-18 use object 310 for Registration and Object 342 for travel expenses)

REQUEST APPROVED ___ Yes ___ No _____
Supervisor/Superintendent Date

REIMBURSEMENT APPROVAL: I hereby certify that the expenditures for which I request reimbursement represent expenses incurred by me for District business and include no items of a personal nature.

Employee Signature Date

APPROVED ___ Yes ___ No _____
Supervisor/Superintendent Date