

REIMBURSEMENT OF EXPENSES

JOINT SCHOOL DISTRICT NO. 60  
545 Seminary Ave  
Shelley, ID 83274

NAME \_\_\_\_\_ DATE \_\_\_\_\_

WORKSHOP/CONFERENCE OR PURPOSE OF TRIP \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Name of Hotel or Conference Location)

\_\_\_\_\_  
(Number and street)

\_\_\_\_\_  
(City, State, Zip)

DATES OF TRIP \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

EXPENDITURE ACCOUNT

Purchase Category \_\_\_\_\_

Code No. \_\_\_\_\_

Reimbursement if paid on the following schedule:

Meals: \$35/day (Breakfast - \$10, Lunch - \$10, Dinner - \$15)

Travel: .40/mile

REGISTRATION \_\_\_\_\_

MEALS \_\_\_\_\_

TRAVEL \_\_\_\_\_

OTHER \_\_\_\_\_

TOTAL \_\_\_\_\_

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Authorized by: \_\_\_\_\_  
Principal or Director