

SAN BENITO COUNTY OFFICE OF EDUCATION

Conference/Workshop Reimbursement Form

TO: Business Office

DATE: _____

FROM: _____

Conference Attended

Date & Time of Departure

Department/Program

Date & Time of Return

DIRECTIONS: Submit to the Business Office within Two Weeks of Conference.

DATES	Attach Receipt MEALS			RECEIPTS MUST BE ATTACHED WHERE REQUESTED	TOTALS
	BREAK	*LUNCH	DINNER		
				TRANSPORTATION: AIRFARE OR RAILROAD (Attach Receipts) \$ _____ CAR: _____ Miles Current Rate Per Mile _____ LODGING (Attach Receipts) _____ Dates _____ REGISTRATION (Attach Receipts) _____ OTHER: Itemize (Attach Receipts) _____ \$ _____ _____ \$ _____ _____ \$ _____ TOTAL MEALS (Itemized at left) (Attach Receipts) \$ _____ TOTAL EXPENSE \$ _____ LESS ADVANCE (if any) \$ _____ TOTAL REIMBURSEMENT REQUEST \$ _____ TOTAL APPROVED REIMBURSEMENT \$ _____ (Business Office Only)	
TOTAL MEALS					
For Business Office Only					

Budget Account to be Charged

Director/Supervisors Signature

Employee's Signature

Date

EDUCATION OFFICE OR BUSINESS MANAGER APPROVAL

CONFERENCE ATTENDANCE REQUEST NO.

Signature

Date

* If workshop expense is lunch only, then add amount & receipt to mileage claim: **DO NOT USE THIS FORM**