

**BRANDYWINE COMMUNITY SCHOOL DISTRICT  
CONFERENCE EXPENSE REIMBURSEMENT (To be Completed Upon Return from Conference)**

<b>CONFERENCE DATA</b>	
Employee Name _____	Current Date _____

<b>ESTIMATED CONFERENCE COSTS</b>																																																
<b>Include all receipts and copies of purchase orders with reimbursement request.</b>	Actual Expense	Prepaid by District, or Union	Employee Reimbursement																																													
Registration/Fees	_____	_____	_____																																													
Mileage _____ Miles @ .375 per mile	_____	_____	_____																																													
Other Travel (Circle Type) Air/Train/Bus /School Van	_____	_____	_____																																													
Lodging	_____	_____	_____																																													
<u>Meals Total</u>	_____	_____	_____																																													
Meals Detail																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Break</th> <th style="width: 15%;">Lunch</th> <th style="width: 15%;">Dinner</th> <th style="width: 15%;">Total</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Break	Lunch	Dinner	Total																																								
Date	Break	Lunch	Dinner	Total																																												
<p style="text-align: right;">(All meals must be supported by detailed receipts which include all items purchased. Note names of diners on the receipt if the meal reimbursement is for more than one person.)</p>																																																
Paring/Cab (Circle)	_____	_____	_____																																													
Other (Explain)	_____	_____	_____																																													
<b>TOTAL REQUEST</b>	_____	_____	_____																																													

<b>Reimbursement Approval</b>			
_____	_____	_____	_____
Employee Signature	Date	Supervisor/Principal	Date

<b>Expense Reimbursement Funding:</b>	
\$ _____	Account Number _____
\$ _____	Account Number _____
<b>Total</b> \$ _____	_____

Must equal "Employee Reimbursement" above) Grant Designee Approval (Curriculum Director) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH EVIDENCE OF CONFERENCE ATTENDANCE**