

BELPRE CITY SCHOOL DISTRICT
PROFESSIONAL MEETING OR SCHOOL AFFILIATED BUSINESS EXPENSE

PO #: _____

Date: _____

Employee Name: _____

Meeting: _____

Date(s) of meeting: _____ Location: _____

Prior approval by: _____

I. Mileage

_____ miles @ _____ per mile = \$ _____
current IRS rate \$225 maximum

II. Commercial Fare (attach tickets, bill, or receipt) = \$ _____

III. Registration fee (if paid by attendee; receipt must be attached) = \$ _____

IV. Meals

	<i>Date</i>	<i>Breakfast</i>	<i>Lunch</i>	<i>Dinner</i>	
\$40.00 maximum unless luncheon or banquet	_____	_____	_____	_____	\$ _____
program cost included in registration (attach itemized receipts)	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
	_____	_____	_____	_____	\$ _____
				<i>Total meals</i>	= \$ _____

V. Lodging (attach receipt)

	<i>Date(s)</i>	
Maximum allowance: \$130/night single occupancy	_____	= \$ _____
\$100/night double occupancy	_____	= \$ _____

VI. Miscellaneous

Parking Date(s): _____ = \$ _____
 Other: _____ = \$ _____

TOTAL EXPENSE \$ _____

I certify that the above is a true and exact report for the above named meeting.

_____ Signature of Attendee	_____ Supervisor's Signature	_____ Date received
--------------------------------	---------------------------------	------------------------

Approved for Payment in the amount of: \$ _____

_____ Superintendent	_____ Treasurer	_____ Date
-------------------------	--------------------	---------------