

**Wood County Educational Service Center**  
**Meeting Expense Reimbursement Form – Effective January 1, 2024**

Name: \_\_\_\_\_ Date of Conference: \_\_\_\_\_

Conference or Meeting Attended: \_\_\_\_\_

Overnight Stay Required? **Y N** Place: \_\_\_\_\_

**I. Mileage**

Miles

From \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ = \_\_\_\_\_

Total Miles \_\_\_\_\_

**Total Miles at \$0.67 per mile = \$**

**II. Meals** (a per diem amount will be reimbursed. **NO receipts required.** Breakfast is not reimbursed on the day of departure & dinner is not reimbursed on the day of return. **NO meals are reimbursed unless an overnight stay is required.**)

**Breakfast: \$5.00**

**Lunch: \$10.00**

**Dinner: \$15.00**

<i>Date</i>	<i>Amount</i>	<i>Date</i>	<i>Amount</i>	<b>Total Meals \$</b>
_____	\$ _____	_____	\$ _____	<input style="width: 100px;" type="text"/>
_____	\$ _____	_____	\$ _____	

**III. Lodging** (Original receipts required)

**Total Lodging \$**

**IV. Other Expenses** (Registration, Parking, Tolls, etc. — Itemize below & **attach ORIGINAL receipts**)

<i>Date</i>	<i>Item</i>	<i>Amount</i>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Total Other Expenses \$**

**Total of All Expenses \$**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrative Approval:

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

***This form must be submitted to the receptionist by the first payroll pay date of the month for payment on the second payroll pay date of the month.***

**Failure to submit this form monthly forfeits eligibility for reimbursement.**