

Wood County Educational Service Center
Meeting Expense Reimbursement Form – Effective July 1, 2020

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 \$0.575 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>	Total Meals \$
_____	\$ _____	_____	\$ _____	<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**)

Date	Item	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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.