

Wood County Educational Service Center
Meeting Expense Reimbursement Form – Effective January 1, 2026

Employee Name: _____ Date of Meeting: _____

Meeting Attended: _____

Overnight Stay Required? **Y** **N** Place: _____

I. Mileage Miles

From _____ To _____ = _____

From _____ To _____ = _____

Total Miles _____

Total Miles at \$0.725 per mile = \$

II. Meals (a per diem amount will be reimbursed. Breakfast is not reimbursed on the day of departure & dinner is not reimbursed on the day of return. Itemized receipts are required. NO meals are reimbursed unless an overnight stay is required. Do not use personal Credit Cards. You must use Cash, personal Debit Card, or WCESC Credit Card)

Maximum Reimbursement Thresholds: Breakfast: \$10.00 Lunch: \$15.00 Dinner: \$25.00

<i>Date</i>	<i>Amount</i>	<i>Date</i>	<i>Amount</i>	Total Meals \$
_____	\$ _____	_____	\$ _____	<input 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 Accounts Payable by the first Friday of the month for payment on the second payroll pay date of the month.

Failure to submit this form monthly forfeits eligibility for reimbursement.