Wood County Educational Service Center Meeting Expense Reimbursement Form – *Effective January 1, 2023*

Name: D		Date	ate of Conference:	
Conferen	nce or Meeting Attended: _			
Overnigh	nt Stay Required? Y N	Place:		
[. Mileag	ge		<u>Miles</u>	
From		To	=	
From		То	=	
			Total Miles	
		Total Mil	les at \$0.655 per mile = \$	
			Breakfast is not reimbursed on the day of departure Inless an overnight stay is required .) Dinner: \$15.00	
Date		Date Amount		
	\$	\$	Total Meals \$	
	\$	\$\$		
III. Lodging (Original receipts required)			Total Lodging \$	
V. Othe	er Expenses (Registration, F	Parking, Tolls, etc. — Itemize b	elow & attach ORIGINAL receipts)	
Date	Item		Amount \$	
			¢	
			\$	
			\$ Total Other Expenses \$	
			Total Other Expenses \$ Total of All Expenses \$	
Employe			Total Other Expenses \$ Total of All Expenses \$	

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.