

Wood County Educational Service Center
Meeting Expense Reimbursement Form – Effective January 1, 2022

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 \$0.585 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>	<i>Total Meals \$</i>
_____	\$ _____	_____	\$ _____	<input style="width: 100px; height: 20px;" 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>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<i>Total Other Expenses \$</i>		
<input style="width: 100px; height: 20px;" type="text"/>		
<i>Total of All Expenses \$</i>		
<input style="width: 100px; height: 20px;" type="text"/>		

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.

