

Wood County Educational Service Center
Meeting Expense Reimbursement Form – Effective July 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 \$0.76 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 \$
_____	\$ _____	_____	\$ _____	

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.

(cfo/hd/datafiles/mileage/meeting expense 2026 7-1-26 rev.doc)