

**MOUNTAIN VIEW SCHOOL DISTRICT**  
**CONFERENCE REIMBURSEMENT FORM**  
**ITEMIZED EXPENSE ACCOUNT**  
**January 1, 2023 - December 31, 2023**



NAME: \_\_\_\_\_

CONFERENCE TITLE: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

CONFERENCE DATE AND TIME: \_\_\_\_\_ TO : \_\_\_\_\_

**EXPENSES:**

Registration fees ..... \$ \_\_\_\_\_  
 Airfare (Coach) ..... \$ \_\_\_\_\_  
 Taxi and/or Limousine fare..... \$ \_\_\_\_\_  
 Mileage @ approved IRS rate..... \$ \_\_\_\_\_  
 (may not exceed equivalent airfare) **Odometer reading required:**  
 Starting odometer reading: \_\_\_\_\_  
 Ending odometer reading: \_\_\_\_\_

Along with your lodging and parking costs, put the appropriate Per Diem amount for each meal on the correct dates below. **Do not include meals that were included in your conference and be cautious not to include meals before or after reasonable travel time** based on the conference start and ending dates and times. Meal rates are: Breakfast-\$15, Lunch-\$16, Dinner-\$28, and Incidentals-\$5. Each full day should total \$64 unless a meal was provided by the conference.

DATE	LODGING	BREAKFAST	LUNCH	DINNER	INCIDENTALS	PARKING	DAILY TOTAL

Total Expenses: \$ \_\_\_\_\_  
 Less Advance: \$ \_\_\_\_\_  
 Reimbursement Requested: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

I certify that the above statement represents the actual and necessary expenses in connection with my trip. **ORIGINAL ITEMIZED RECEIPTS FOR ABOVE NECESSARY EXPENDITURES MUST BE ATTACHED TO THIS FORM FOR REIMBURSEMENT (EXCEPT PER DIEM REIMBURSEMENT FOR MEALS.)**  
Submit this form within 10 days of returning to the district.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Credit card charge slips and copies of receipts are not acceptable; please provide itemized receipts from stores and restaurants or reimbursement will be disallowed. Read BP 4133 regarding no allowance for alcohol and other personal expenses.