

**Bethlehem Central School District
Claim For Expenses
Conference and/or Meeting**

Attach to this form: ___ Registration form ___ Copy of your Leave Request form. ___ Copy of purchase order. ___ Copy of check or credit card
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Pay to: _____ for actual and necessary expenses incurred on authorized attendance in the interests of Bethlehem Central School District at a meeting and/or conference:

Name of organization or group sponsoring conference _____

Location _____

Time: From _____, _____ through _____, _____
Date Time Date Time

Conference/Workshop
Registration _____

*Travel: (must be pre-approved)
By auto to and from destination _____ miles _____
Toll charges thruways, turnpikes (attach original receipts) _____
Train, plane, bus (attach your portion of ticket) _____

Overnight Travel
Meals: (attach itemized receipts) _____ meals _____
-Tax not reimbursed
Lodging: (attach itemized receipts) ___ days ___ per day _____

**Other expenses: (itemize)
Explain: _____

Total Expenses _____

This is to certify that said claim is just, due and unpaid and that there are no offsets against the same; that the items are reasonable and just; that no payment has been made on account thereof, except as included or referred to in such account or claim.

Date _____ Signed _____

* Obtain exemption letter from Business Office before departure.
**Membership fees are not allowable.

All paperwork (see check off box) must be submitted with the blue Claim for Expense form and approved by an administrator or supervisor to receive reimbursement.

Administrator/Supervisor Approval _____ Date _____