

MASON COUNTY SCHOOLS

1) FORM MUST BE SUBMITTED TO THE BOARD OF EDUCATION WITH ALL RECEIPTS ATTACHED.  
2) ALSO ATTACH A COPY OF THE PROFESSIONAL LEAVE APPROVAL FORM. 3) SUBMIT BOTH  
WITHIN SEVEN DAYS AFTER MEETING-FROM Official Headquarters AS ASSIGNED BY SUPERINTENDENT/BOARD

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work location: \_\_\_\_\_

Date of meeting: \_\_\_\_\_

Name & location of meeting: \_\_\_\_\_

Purpose of meeting: \_\_\_\_\_

Actual Expenses

*✓ Signed and dated itemized original receipt(s) showing a zero balance must be attached for reimbursement consideration.*

Mileage \_\_\_\_\_ miles @ \_\_\_\_\_ 0.535 per mile \$ \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_

Meals (Maximum \$35.00 per day; must be an overnight stay; no alcohol expenses.) \$ \_\_\_\_\_

Parking/Toll \$ \_\_\_\_\_

Lodging (Only locations beyond 75 miles from the County; the Superintendent may approve exceptions.) \$ \_\_\_\_\_

Total Actual Expenses \$ \_\_\_\_\_

-----  
Total Allowable Expenses LEA Use Only \$

X  
\_\_\_\_\_  
Employee's Signature Date

X  
\_\_\_\_\_  
Principal's Signature Date

X  
\_\_\_\_\_  
Director's/Coordinator's Signature Date

LEA Use Only

Account Code

LEA Use Only

X  
\_\_\_\_\_  
Treasurer's Approval Date