

Wallingford-Swarthmore School District
REIMBURSEMENT FOR ATTENDANCE AT
PROFESSIONAL MEETINGS

Your Name _____ Building _____

Name of Meeting _____

Place of Meeting _____

Date(s) of Attendance _____

BUDGET CODE ASSIGNED _____

(Notice: This form cannot be processed until a budget code is assigned at the building level.)

Mileage	Tolls & Parking	Food	Lodging	Registration	Other Expenses
____ miles @ 54 cents					
Total \$ _____					

Amount Pre-Approved \$ _____

Total Actual Expenses \$ _____

Advanced Payment (if any) \$ _____

BALANCE DUE \$ _____

Directions:

Attach receipts for food, lodging, Transportation, tolls & conference Registration fees along with a conference report.

Applicant's Signature

Principal/Supervisor's Signature

Date _____

Date _____

Business Administrator's Signature

Date Approved