

# LABRAE LOCAL SCHOOLS

## CONFERENCE/WORKSHOP EXPENSE SHEET

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

EMPLOYEE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BUILDING: \_\_\_\_\_

CONFERENCE/WORKSHOP: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE(S): \_\_\_\_\_

### EXPENSES

REGISTRATION FEE: \_\_\_\_\_

HOTEL (IF APPLICABLE): \_\_\_\_\_

FOOD (IF APPLICABLE): \_\_\_\_\_

MILEAGE COST: \_\_\_\_\_

\_\_\_\_\_ miles @ \$.575/MILE  
(IRS rate as of 1/1/20)

MISCELLANEOUS: \_\_\_\_\_

**TOTAL REIMBURSEMENT** \_\_\_\_\_

***ALL DETAILED RECEIPTS MUST BE ATTACHED TO THIS FORM FOR REIMBURSEMENT.  
WE DO NOT REIMBURSE FOR TIP, TAX, OR ALCOHOLIC BEVERAGES.***

***IF YOU HAVE ANY QUESTIONS/CONCERNS PLEASE CONTACT THE TREASURER'S  
OFFICE PRIOR TO YOUR CONFERENCE – EXT. 6012 OR YOU CAN CALL (330) 898-2408.***