

**ADAMS COUNTY SCHOOL DISTRICT #1  
Conference Expense Form**

Name \_\_\_\_\_ Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Phone (w) \_\_\_\_\_ (h) \_\_\_\_\_ Fax \_\_\_\_\_

Date	Conference	Breakfast	Lunch	Dinner	Air	Taxi/ Bus	Rental Car	Gas/Rental Car Only	Tolls/ Parking	Mileage .345 Per Mi.	Misc.	TOTALS
<b>TOTALS</b>												

Complete form and send to: Designated person at Adams County School District #1

Expenditure Amount

NON REIMBURSABLE EXPENSES  
Alcoholic Beverages

Advanced Monies  
(if applicable)

**Guidelines:**

- a. Use pen – not pencil to fill out expenses
- b. Attach all ORIGINAL receipts; explain any that are missing.
- c. List expenses such as fax, photocopying, postage, express mail, tips, on-site phone calls, under Misc.
- d. Explain on back of form any charges w/o receipts, miscellaneous charges, and shared expenses
- e. Meal expenses incurred in transit to and from the Conference
- f. Mileage reimbursements are for use of Personal car Only

Amount Owed District  
Amount Owed Individual


Signature of Traveler: \_\_\_\_\_ Date: \_\_\_\_\_