



## Mannheim School District 83 Over Night Conference Expense Reimbursement



Conference Name: \_\_\_\_\_ Conference Location: \_\_\_\_\_ Conference Date: \_\_\_\_\_

Date:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Airfare								0
Car Rental								0
Mileage								0
Hotel								0
**Meals:								0
Breakfast								0
Lunch								0
Dinner								0
<b>Total</b>	0	0	0	0	0	0	0	0
<b>NOTES:</b>								

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Curriculum Director/Bilingual Director Signature

\*\*NOTE: Suggested amount per meal NOT to exceed \$50 per day:

Breakfast	\$10.00
Lunch	\$15.00
Dinner	\$25.00

Circle if Conference is for:

TITLE I  
 TITLE II  
 TITLE III  
 Pre-School  
 Other: \_\_\_\_\_

*Resubmit your conference approval form along with this reimbursement form to the Director of Curriculum and Instruction upon your return from the conference. Attach ALL ITEMIZED receipts for reimbursement purposes and a completed copy of the Mannheim District 83 Conference Evaluation Sheet.*