

**Penn-Harris-Madison School Corporation**  
**Reimbursement Claim Form for Conference/Meeting/Workshop Expenses**

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Conference, Meeting, Workshop \_\_\_\_\_

Name of Meeting \_\_\_\_\_

Expense	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
<b>Date:</b>								
Registration								
Airfare								
*Mileage (\$ amount)								
Parking								
Ground Transportation Taxi, Shuttle, Bus								
Lodging								
Meals (Limit \$50 per day)								
**Miscellaneous								
<b>TOTAL</b>								

**NOTE: All receipts must be itemized and cannot include charges for alcoholic beverages or personal items.**

**Budget Account No.** \_\_\_\_\_

\*Must submit mileage claim form

\*\*Miscellaneous expenses must be explained:

\_\_\_\_\_  
 \_\_\_\_\_

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

*A copy of the leave request form and all itemized receipts must be attached to this claim form and submitted to the Business Department for reimbursement. Reimbursement will be processed when all required documents are received.*