

OYSTER BAY - EAST NORWICH CENTRAL SCHOOL DISTRICT 1 MC COUNS LANE OYSTER BAY, NY 11771



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## FINAL CONFERENCE EXPENDITURE REIMBURSEMENT FORM

| EMPLOYEE | NAME |
|----------|------|
|----------|------|

SCHOOL

**TEACHING ASSIGNMENT** 

**CONFERENCE DATES** 

NAME OF CONFERENCE

CONFERENCE LOCATION

## FINAL EXPENSES FOR REIMBURSEMENT

Included approved receiving copy of purchase order Included FINAL My Learning Plan approval Included all itemized original invoices/receipts

Registration Fees (Include Certificate of Attendance \*)

|                   |          | 0   | Day 1      | I       | Day 2        | l      | Day 3         | 0     | Day 4       | D       | ay 5       | ٦       | <b>Total</b> |
|-------------------|----------|-----|------------|---------|--------------|--------|---------------|-------|-------------|---------|------------|---------|--------------|
| Date(s)           |          |     |            |         |              |        |               |       |             |         |            |         | 0            |
| <u>Meals</u>      |          |     |            |         |              |        |               |       |             |         |            |         |              |
| Breakfast         | \$10/day |     |            |         |              |        |               |       |             |         |            | \$      | -            |
| Lunch             | \$20/day |     |            |         |              |        |               |       |             |         |            | \$      | -            |
| Dinner            | \$30/day |     |            |         |              |        |               |       |             |         |            | \$      | -            |
| Total             | \$60/day | \$  | -          | \$      | -            | \$     | -             | \$    | -           | \$      | -          | \$      | -            |
|                   |          |     |            |         |              |        |               |       |             | 1       |            |         |              |
| Lodging           |          |     |            |         |              |        |               |       |             |         |            | \$      | -            |
| Transportation    |          |     |            |         |              |        |               |       |             | 1       |            | \$      |              |
| Transportation    | <u>.</u> |     |            |         |              |        |               |       |             |         |            | Φ       | -            |
| Tolls             |          |     |            |         |              |        |               |       |             |         |            | \$      | -            |
|                   |          |     |            |         |              |        |               |       |             |         |            |         |              |
| Mileage (see back |          | Cir | cle One: " | Leaving | g from Home' | ' "Lea | aving from Sc | nool" | "One way fr | om Horr | ie" "One w | ay from | n School"    |
| Qualifying Mileag | е        |     |            | _       |              |        |               |       |             |         |            |         | -            |
| Reimbursement I   | Rate     | \$  | 0.67       | \$      | 0.67         | \$     | 0.67          | \$    | 0.67        | \$      | 0.67       | \$      | 0.67         |
| Total Reimburser  | ment     | \$  |            | \$      | -            | \$     | -             | \$    | -           | \$      | -          | \$      | -            |
|                   |          |     |            | 1       |              | -      |               |       |             | r       |            |         |              |
| <u>Other</u>      |          |     |            |         |              |        |               |       |             |         |            | \$      | -            |
| Total Reimburg    | somont   |     |            |         |              |        |               |       |             |         |            | \$      |              |
|                   | Sement   |     |            |         |              |        |               |       |             |         |            | Φ       | -            |
|                   |          |     |            |         |              |        |               |       |             |         |            |         |              |

\*If a Certificate of Attendance is not available, I certify that I did attend the conference detailed on the attached My Learning Plan Approval Form

EMPLOYEE SIGNATURE