## **HAZLETON AREA SCHOOL DISTRICT**

## **Conference Reimbursement Form**

Please fill out a separate form for each conference and include all receipts, copies of canceled checks and a copy of your "Board Approved" Conference Request Card.

Name	Address	
Conference/Workshop Title	Dates	
School	Budget Code	
Board Approved Date		
*Registration Fee	\$	
Miles x \$/ Mile	e = \$	
(calculated from school to	o site)	
*Parking Fees	\$	
*Tolls	\$	
*Hotel	\$	
*Meals	\$	
Maximum ReimbursemBreakfast\$ 5 (overnightLunch\$ 10Dinner\$ 25 (overnight		
*Miscellaneous Expense	\$	
Minus Advance	(\$	)
<b>Total Monies Requested</b>	\$	
*Receipts Required		
I certify that the above expenses v Hazleton Area School District.	were actually incurred in the fulfillment of my	duties to the
	Signature of Employee	Date
	Signature of Immediate Supervisor	Date
Submit to Superintendent's Office:		
1- Completed Form		
2- All Required Receipt	s	
3- Your Report of the C		
2 Tour Report of the C		