

GREENBURGH ELEVEN UFSD
P.O. BOX 501
DOBBS FERRY, NY 10522

CONFERENCE REQUEST APPROVAL AND EXPENSE VOUCHER

FORMS MUST BE SUBMITTED AT LEAST TWO WEEKS IN ADVANCE

Directions:

Complete this form and submit to your Supervisor/Principal. Original and second copy will be returned to you. One copy will be submitted to the Attendance Database Assistant. When the conference is over, please complete the reverse side of this sheet and submit to Business Office for payment.

Name of Applicant _____ Date Submitted _____

I Wish to Attend _____
Name of Conference

Reason, Purpose, or Role _____

From _____ To _____ At _____
Date Date Location

MAXIMUM REIMBURSEMENT PER CONFERENCE IS \$55.00.

My Estimated Expenses Are:

Recommended by:

Transportation \$ _____

Supervisor/Principal

Registration _____

School/Dept _____

Lodging _____

Budget Code _____

Meals _____

Date _____

Tolls _____

Comments _____

Other Expenses _____

Total Est. Expenses _____

Advance Requested \$ _____

Approved:

Disapproved:

Supervisor/Principal
Business Office
Superintendent of Schools

(Expense voucher is on the other side of this sheet)

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EXPENSE VOUCHER

Directions:

1. Attach receipts for registration, lodging, or parking charges. Claim will not be approved without receipts.
2. Tax exemptions must be used where applicable. There will be no reimbursement for sales taxes.
3. Be sure to sign certification statement.
4. Be sure to deduct from the "Total Expenses" the amount of the advance given to you. If the advance was more than your expenses, you must attach to this expenditure statement your check for the difference made out to Greenburgh Eleven UFSD.

Public Transportation (attach receipts) \$ _____

Privately-Owned Conveyance:

From _____ to _____ Mileage _____

From _____ to _____ Mileage _____

Total mileage _____ @ _____ ¢/mile = \$ _____

I hereby certify that the account and attached receipts are just, true, and correct; and that the balance claimed is actually due and owing. If the advance was greater than my expenses, I herewith attach my check to reimburse the district.

Thruway Tolls (attach receipts)	_____
Other Tolls and Parking	_____
Lodging (attach receipted bill)	_____
Meals	_____
Registration Fee (attach receipt)	_____
Other (specify)	_____

Signature _____	Total Expenses	\$ _____
	LESS Advance	_____
Date _____ 19 _____	Balance Requested	\$ _____

Approved:

Supervisor/Principal

Superintendent of Schools