

University High School

Travel and Conference Expense Form

Employee Name: _____ Conference Date(s): _____

Conference Name: _____

Conference Location: _____ Conference Website: _____
(city & state)

Date	Breakfast (\$15)	Lunch (\$18)	Dinner (\$25)
Total			

Meal Grand Total: \$ _____

Personal Vehicle Mileage

@ .72.5 cents per mile _____ Total miles _____ Mileage Total: \$ _____

Transportation Expenses

Gas Expense: \$ _____ \$ _____ \$ _____

Parking Expense: \$ _____ \$ _____ \$ _____

Taxi Type Expense: \$ _____ \$ _____ \$ _____

Baggage Expense: \$ _____ \$ _____ \$ _____

Other (Describe): _____ \$ _____ \$ _____

Transportation Grand Total: \$ _____

Items prepaid by UHS

Registration: _____

Hotel: _____

Other: _____

Prepaid Grand Total: \$ _____

Note: All expense forms must be filed with the Office Manager within one week of the conference.

Total Cost of Travel/Conference: \$ _____

Less Prepaid Expense: \$ _____ < _____ >

Total Due to Employee: _____

Employee Signature: _____

Superintendent Approval: _____