

ORCHARD VIEW SCHOOLS

REPORT OF EDUCATIONAL CONFERENCE

AND REQUEST FOR REIMBURSEMENT

Employee Name: _____

Date(s) of Conference: _____

Name of Conference: _____

Held at (City, College, Camp, etc.): _____

Comments: _____

****Note: we do not reimburse for taxes paid.**

CHECK REQUEST FOR UNPAID CONFERENCE EXPENSES

Name: _____

Address: _____

Vendor #: _____

City, Zip: _____

Account Number: _____

Registration Fees _____

Meals (Limit ___/day) _____

Lodging _____

Other _____

Total _____

Itemized receipts are necessary for any reimbursements requested. The District will not reimburse for alcohol beverages.

****Note: If this is for a Stipend, it needs to be turned into Payroll after approval from Supervisor. If this is for reimbursement, then it needs to be turned into Accounts Payable after approval from Supervisor.**

Approvals

Building Administrator: _____ Date: _____

Superintendent and/or designee: _____ Date: _____