

MINFORD BOARD OF EDUCATION

EXPENSE REPORT

Name: \_\_\_\_\_ Date of Meeting: \_\_\_\_\_

Meeting/Conference: \_\_\_\_\_  
(Please submit a copy of Professional leave form when applicable.)

Miles: \_\_\_\_\_ Amount @ \$.50 per mile: \_\_\_\_\_  
Effective: January 1, 2010

\*Lodging: \_\_\_\_\_

\*Parking: \_\_\_\_\_

\*Meals: \_\_\_\_\_

\*Registration: \_\_\_\_\_

\*Receipts must be attached. Total Expenses: \_\_\_\_\_

I hereby certify the above to be a true and accurate account of expenses incurred as indicated.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent