

**A M A EDUCATIONAL SERVICE DISTRICT**  
**ACTUAL EXPENSES**  
**FROM CONFERENCE/TRAVEL**

**BUSINESS OFFICE USE ONLY—AMA ESD INVOICE APPROVAL**

**SIGNED:** \_\_\_\_\_

**ACCOUNT #** \_\_\_\_\_

**INSTRUCTIONS:**

1. Upon returning from your conference, complete all information listed below. If there are no expenses in a particular category, enter -0-.
2. Attach all supporting detailed receipts. (Credit card slips will not be accepted.) Reimbursements will be paid from this form and not from your regular monthly travel.
3. Turn in completed form to your supervisor as soon as you return from your conference, but no later than 30 days after return.

Name: \_\_\_\_\_ Date(s) of travel: \_\_\_\_\_  
 Time of departure: \_\_\_\_\_  
 Time of return: \_\_\_\_\_  
 Name of Conference: \_\_\_\_\_ Location of Conf: \_\_\_\_\_

**A. REGISTRATION:**  Prepaid by District – Paid to: \_\_\_\_\_  
 Paid by me – please reimburse. (Attach copy of registration form and paid receipt.)  
**ACTUAL REGISTRATION COST: \$** \_\_\_\_\_

**B. LODGING:**  Paid by district – Paid to: \_\_\_\_\_  
 (Attach detailed checkout form from hotel.)  
 Paid by me – please reimburse. (Attach detailed checkout form from hotel—credit card slips will not be accepted.)  
**ACTUAL LODGING COSTS: \$** \_\_\_\_\_

**C. MEALS:** Meal Allowance:  
**Administration, Support Staff, Paraprofessionals**  
 # of breakfasts: \_\_\_\_\_ X \$ 8.00 = \$ \_\_\_\_\_  
 # of lunches: \_\_\_\_\_ X \$ 12.00 = \$ \_\_\_\_\_  
 # of dinners: \_\_\_\_\_ X \$ 20.00 = \$ \_\_\_\_\_  
**ACTUAL MEAL ALLOWANCE: \$** \_\_\_\_\_

**Professionals:** Detailed receipts attached for meals:  
 Total cost for breakfasts: \$ \_\_\_\_\_  
 Total cost for lunches: \$ \_\_\_\_\_  
 Total cost for dinners: \$ \_\_\_\_\_  
**ACTUAL MEAL COST: \$** \_\_\_\_\_

**D. TRANSPORTATION:** **ACTUAL MILES TRAVELED:** \_\_\_\_\_  
 Staff car used. Cost: \_\_\_\_\_ miles x .535 per mile \$ \_\_\_\_\_  
 My car used – Gas expense only (personal business)  
 (use current Blarney Castle unleaded price) Cost: \_\_\_\_\_ miles ÷ 20 X \_\_\_\_\_ \$ \_\_\_\_\_  
 My car used – No staff car available Cost: \_\_\_\_\_ miles x .535 per mile \$ \_\_\_\_\_  
**ACTUAL TRANSPORTATION COSTS: \$** \_\_\_\_\_

**E. OTHER EXPENSES:**  Prepaid by District  Paid by me (attach detailed receipt) – **please reimburse**  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
**ACTUAL OTHER EXPENSE COST: \$** \_\_\_\_\_

**TOTAL ACTUAL EXPENSES LISTED ABOVE**

**A + B + C + D + E = \$** \_\_\_\_\_

**ESTIMATED COST FROM PRE-APPROVAL OF CONFERENCE TRAVEL REQUEST FORM**

**\$** \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature Date

\_\_\_\_\_  
 Supervisor's Signature Date

Charge to Account # \_\_\_\_\_

\_\_\_\_\_  
 Board of Education Approval Date