

Sayre Area School District
 333 West Lockhart Street
 Sayre, PA 18840
EXPENSE ACCOUNT

Upon your return, you must complete and submit this form to the business office. Attach all itemized receipts and your approved conference form.

Date: _____

Employee Name: _____

1. Conference fee: Complete only if the amount is to be disbursed to the employee.
 \$ _____

2. Transportation: (\$0.58 mile)

Date	From:	To:	Miles or Fare	Cost

3. Meals:

Date	Breakfast	Lunch	Dinner	Total:

4. Lodging: Complete only if the amount is to be disbursed to the employee

Date	Name of Hotel:	Total:
	Address:	
	Phone:	

Total Reimbursement: \$ _____

Employee Signature: _____ Date: _____
 Business Manager's Signature: _____ Date: _____
 Superintendent's Signature: _____ Date: _____

Admin. Secretary: (Initial) _____



HOME OF THE REDSKINS