

Amesbury Public Schools  
 School Year 12-13  
 Conference Travel & Reimbursement Form

Date Submitted \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_

Name of Conference, Meeting or Workshop \_\_\_\_\_

Site or Location of Above \_\_\_\_\_

Date of Above: \_\_\_\_\_ Account Number: \_\_\_\_\_

Purchase order # \_\_\_\_\_

**Please indicate which, if any, of the following expenses are being paid from a grant and/or with a purchase order by putting an asterisk (\*) by the amount!**

Estimated Expenses	Actual Expenses (Must be accompanied by receipt or proof of payment)
Miles _____ x \$.565/mile = \$ _____	Miles _____ x \$.565/mile = \$ _____
Registration Fee    \$ _____	Registration Fee    \$ _____
Lodging                \$ _____	Lodging                \$ _____
Meals                   \$ _____	Meals                   \$ _____
Tolls or Parking      \$ _____	Tolls or Parking      \$ _____
Other                    \$ _____	Other                    \$ _____
<b>TOTAL</b> \$ <b>_____</b>	<b>TOTAL</b> \$ <b>_____</b>

Estimated expenses  
 Approved by: \_\_\_\_\_  
 (Building Principal)

Actual Expenses  
 Approved by: \_\_\_\_\_  
 (Building Principal)

\_\_\_\_\_  
 (Superintendent or Designee)

\_\_\_\_\_  
 (Superintendent or Designee)

Note: This form, with "Estimated Expenses" filled in, must be submitted with your *Professional Leave Form* **PRIOR** to date of conference/leave/workshop, if reimbursement is requested. Following conference/leave/workshop, the form, with "Actual Expenses" filled in, is to be resubmitted for reimbursement. (Receipts/vouchers/credit card bill, etc. must be attached to this form.)