PHILIPSBURG-OSCEOLA AREA SCHOOL DISTRICT

MONTHLY EXPENSE ACCOUNT

All expenses for reimbursement must be itemized.

(Conference fee, meals, lodging, mileage, Turnpike fees, parking fees, etc)

Receipts for reimbursement of conference fee, meals, lodging, and related mileage costs must be attached along with the copy of your approved Professional Development Form.

Payment with a credit card for lodging must show a **zero** balance on the hotel receipt.

_____ _____

Employee's Signature Written and Printed PDE ID #

Address _____ School _____

_____ _____

Month Year

PLEASE NOTE: **Meal costs that exceed $30.00 per day shall be the responsibility of the staff member**. Further, if the difference between actual expenses and estimated expenses (**excluding meals)** exceeds 10%, the difference shall be the responsibility of the staff member.

Please include approval # if request is for a professional development reimbursement	Date	Monthly mileage reimbursement: Indicate starting point and ending point. Example: NLH-OM-NLH(round trip)=8 miles or NLH-OM=4 miles (one way) Itemized Expenses: (Mileage, meals, lodging, conference fees, etc.)	Miles	Rate (0.56)	**Total Expense**
		TOTAL			

I have examined and approved this monthly expense voucher.

_____ _____

Signature Supervisor or Principal Date

(Rev. 01/12/2021)