

**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 (0.585)	Total Expense
<b>TOTAL</b>					

I have examined and approved this monthly expense voucher.

\_\_\_\_\_  
Signature Supervisor or Principal

\_\_\_\_\_  
Date