

CONFERENCE/PROFESSIONAL DAY EXPENSES

NAME _____ DATE _____

SCHOOL _____

PURPOSE OF TRIP _____

EXPENSES INCURRED

Traveled a total of _____ (round trip miles) between Stonington and

_____ at .555 cents per mile: _____

Meals: Directly connected to meeting (attach receipts) _____

Registration Fees: (attach receipts) _____

Other Costs: (explain and attach receipts) _____

TOTAL: _____

APPROVED FOR PAYMENT _____

DATE _____

CODE NUMBER _____