## Wa-Nee Community Schools

## **Expense Schedule**

Name:		Date:		School:	
Please attach this form, along with receipts, to your white claim form.					
Date:		Date:		Date:	
Details	Amount	Details	Amount	Details	Amount
Breakfast	\$	Breakfast	\$	Breakfast	\$
Lunch	\$	Lunch	\$	Lunch	\$
Dinner	\$	Dinner	\$	Dinner	\$
Banquet	\$	Banquet	\$	Banquet	\$
Lodging	\$	Lodging	\$	Lodging	\$
Registration	\$	Registration	\$	Registration	\$
Transportation		Transportation		Transportation	
Total Mileage	\$	Total Mileage	\$	Total Mileage	\$
Multiplied by:		Multiplied by:		Multiplied by:	
.57½ cents per		.57½ cents per		.57½ cents per	
mile (effective		mile (effective		mile (effective	
1/1/15)		1/1/15)		1/1/15)	
<b>Total Expenses</b>	\$	<b>Total Expenses</b>	\$	<b>Total Expenses</b>	\$
Location of Conference or Workshop:					
Purpose of meeting:					