

Wa-Nee Community Schools

Expense Schedule

Name: _____ Date: _____ School: _____

Please attach this form, along with receipts, to your white claim form.

Date:	
Details	Amount
Breakfast	\$
Lunch	\$
Dinner	\$
Banquet	\$
Lodging	\$
Registration	\$
Transportation	
Total Mileage	\$
Multiplied by: .57½ cents per mile (effective 1/1/15)	
Total Expenses	\$

Date:	
Details	Amount
Breakfast	\$
Lunch	\$
Dinner	\$
Banquet	\$
Lodging	\$
Registration	\$
Transportation	
Total Mileage	\$
Multiplied by: .57½ cents per mile (effective 1/1/15)	
Total Expenses	\$

Date:	
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Lunch	\$
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Banquet	\$
Lodging	\$
Registration	\$
Transportation	
Total Mileage	\$
Multiplied by: .57½ cents per mile (effective 1/1/15)	
Total Expenses	\$

Location of Conference or Workshop: _____

Purpose of meeting: _____