

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:<br>.57½ cents per<br>mile (effective<br>1/1/15) |        |
| <b>Total Expenses</b>  | \$     |

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| Lunch  | \$     |
| Dinner   | \$     |
| Banquet  | \$     |
| Lodging  | \$     |
| Registration   | \$     |
| Transportation   |        |
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| Multiplied by:<br>.57½ cents per<br>mile (effective<br>1/1/15) |        |
| <b>Total Expenses</b>  | \$     |

Location of Conference or Workshop: \_\_\_\_\_

Purpose of meeting: \_\_\_\_\_