

LABRAE LOCAL SCHOOLS

CONFERENCE/WORKSHOP EXPENSE SHEET

EMPLOYEE NAME: _____

EMPLOYEE ADDRESS: _____

BUILDING: _____

CONFERENCE/WORKSHOP: _____

LOCATION: _____

DATE(S): _____

EXPENSES

REGISTRATION FEE: _____

HOTEL (IF APPLICABLE): _____

FOOD (IF APPLICABLE): _____

MILEAGE COST: _____

_____ miles @ \$.655/MILE
(IRS rate as of 01/1/23)

MISCELLANEOUS: _____

TOTAL REIMBURSEMENT

***ALL DETAILED RECEIPTS MUST BE ATTACHED TO THIS FORM FOR REIMBURSEMENT.
WE DO NOT REIMBURSE FOR TIP, TAX, OR ALCOHOLIC BEVERAGES.***

***IF YOU HAVE ANY QUESTIONS/CONCERNS PLEASE CONTACT THE TREASURER'S
OFFICE PRIOR TO YOUR CONFERENCE – EXT. 6012 OR YOU CAN CALL (330) 898-2408.***