

BETHLEHEM AREA SCHOOL DISTRICT
Bethlehem, Pennsylvania

FINAL EXPENSE FORM

(Complete and submit to the Accounts Payable Department)

This form is to be completed when expenses have been advanced or when requesting final reimbursement payment, or when no expenses have been incurred, within ten (10) days after returning from a conference/TDA. In order to receive reimbursement for expenses, your attendance must have received proper administrative approval. Proof of attendance (if available, i.e., - photocopy of certificate) must accompany this form, as well as all dated, original, itemized receipts for registration, lodging, meals, transportation, etc. A completed and signed Payment Requisition must be attached for payment to be made or received.

Name: _____

Position/School: _____

Date(s) of Conference/TDA: _____

Title of Conference/TDA: _____

Location of Conference/TDA: _____

A. REGISTRATION: _____ \$ _____

Company Name

Payment Received Invoice/Receipt Attached
in Advanced/Sent Not Applicable

B. LODGING: Hotel Name _____
_____ Night(s) @ \$ _____ (including tax) \$ _____

Invoice/Receipt Attached Not applicable

C. MEALS: \$ _____ + \$ _____ + \$ _____ = \$ _____

Breakfast Lunch Dinner

Receipts Attached Not applicable

D. TRANSPORTATION: _____ \$ _____

Air Train Bus Cab Rental

or _____ miles by car @ \$.555 per mile
personal car

Receipts Attached Not applicable

(Air, Train, Bus, Cab, or Rental)

E. OTHER EXPENSES: (Please itemize)

Tolls _____ \$ _____

Car Rental - Gas Tank Refill _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL: \$ _____

TOTAL MONIES ADVANCED: \$ _____

AMOUNT DUE - EMPLOYEE/DISTRICT: \$ _____

SIGNATURE: _____ **DATE:** _____

The following must be attached: All receipts/invoices Payment Requisition
 Conference Reporting Form Copy of Approved Conference/TDA Form