## FRANKLIN CENTRAL SCHOOL DISTRICT CONFERENCE TRAVEL REIMBURSEMENT VOUCHER

1. A conference request must have been submitted and approved in advance.

2. This form must be submitted and approved prior to reimbursement.

## **INSTRUCTIONS**

3. Receipts must be su	ubmitted with this for	m.			
NAME					Į.
ADDRESS					
TITLE OF CONFEREN	CE				<del>.</del>
LOCATION					
DATE OF CONFEREN	CE				
<u>EXPENSES</u>					
Meeting - Conference					
Accommodations cost/Night: \$ X No. of Nights					= \$
Meals:					=\$
Transportation:	Car Mileage	>	K Rate		=\$
	Other				=\$
				Total	= \$
		Signature	AND NOT PI	REVIOUSLY F	REIMBURSED.  Date
			USE ONLY		
Conference Request P	reviously Approved:	Yes	No	Date	
Account Code:					
Original: Business Office				Busine	ess Manager