**EVERGREEN SCHOOL DISTRICT**  
Conference/Workshop Reimbursement

Name ___________________________  
Date: ___________________________

Conference/Workshop Title: ___________________________  

Date(s) Attended: ___________________________  
City: ___________________________

**Note:** Original invoice(s), receipt(s), and/or canceled check(s) for registration fees, lodging, public transportation, books, etc. and a copy of the flyer with a description of the conference/workshop must accompany this claim.

Registration: ___________________________ $

Lodging: ___________________________ $

**Meals:** Maximum of $50 per day for three meals. List exact cost of individual meals. Alcoholic beverages are not reimbursable.

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<th>Lunch</th>
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**Travel:** Coach airfare or the current IRS mileage reimbursement rate, whichever is less. $______________

**Miscellaneous:** Rental car, taxi fare, parking fees, bridge tolls, etc.

$______________  
$______________  
$______________

**Total Claim:** $______________

Claimant's Signature: ___________________________  
Date: ___________________________

Approved By: ___________________________  
Date: ___________________________

Approved By: ___________________________  
Date: ___________________________

Account #: ___________________________  

B.O. Approval: ___________________________  
Date: ___________________________

D-149 Revised 7/13