

MADISON LOCAL SCHOOL DISTRICT

PROFESSIONAL LEAVE EXPENSE REPORT (For Travel after 12-31-18)

Expense form ***MUST*** be submitted within two weeks after returning from professional leave to receive reimbursement!

NAME: _____

EVENT: _____

DATE: _____

TOTAL EXPENSE

Registration Fee _____

Comm. transportation (air, taxi, etc.) _____

Lodging _____

Meals _____

Parking _____

Telephone _____

Personal vehicle mileage *
Actual miles _____ x 58¢ per mile _____

Other _____

TOTAL EXPENSE _____

LESS:

PAID BY MLSD (ADVANCE) _____

NET REIMBURSEMENT _____

NOTE: Attach ORIGINAL Receipts

I attest that the information above related to my travel expenses is a true and accurate reflection of those expenses which were incurred in the performance of my employment with the Madison Local School District.

Employee Signature

Approval Signature

ACCOUNT # _____