

MADISON LOCAL SCHOOL DISTRICT

PROFESSIONAL LEAVE EXPENSE REPORT (For Travel **after** 12-31-19)

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 57.5¢ 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 # \_\_\_\_\_