



MID VALLEY SCHOOL DISTRICT
Administration Office, 52 Underwood Road, Throop, PA 18515
Phone (570) 307-1108 Fax (570) 307-1107
www.mvsd.us

SCHOOL EMPLOYEE TRAVEL REIMBURSEMENT EXPENSE FORM

Last Name

First Name

Conference/Workshop/Seminar Topic Etc.

Location & Date

Registration Expense:

(Attach Receipt)

\$ _____

Transportation Expense

\$ _____

1. Automobile Private Car _____ miles @ _____ cents/mile

\$ _____

2. Car Rental or Taxi Expense (Attach Receipts)

\$ _____

3. Tolls (Attach Receipts)

\$ _____

Hotel Room Expense (Attach Hotel Receipt)

\$ _____

Meals (Attach Receipt)

\$ _____

Miscellaneous Expenses (Explain)

\$ _____

Total Expenses:

\$ _____

Less Advance:

\$ _____

Due Employee:

\$ _____

Due District:

\$ _____

SUBMIT THIS REQUEST TO YOUR ADMINISTRATOR FOR APPROVAL. ORIGINAL RECEIPTS ARE REQUIRED FOR ALL FARES, HOTEL, AND IN GENERAL FOR ALL ITEMS.

EMPLOYEE & DATE

ADMINISTRATOR'S APPROVAL & DATE

ACCOUNT CODE