KEYSTONE SCHOOL DISTRICT
EXPENSE REIMBURSEMENT FORM
APPROVED CONFERENCE/MEETING
(To Be Completed After Conference/Meeting)

Date _______________________

Name (Printed) __________________________ Signature ____________________________

Conference/Meeting Title __________________________________________________________

Where ________________________________ When ________________________________

Expenses: (Please Itemize)

☐ Registration $__________________

☐ Mileage ________ X (Current Rate) = Travel $__________________

☐ Meals $__________________

☐ Room $__________________

☐ Miscellaneous $__________________

Total Expenses $__________________

Less Advance Payment $__________________

TOTAL REIMBURSEMENT $__________________

Advance Check # _______

Check Date _____________

**Section 517 of the Pennsylvania School Code requires a final itemized verified statement of expenses before any payment can be made. Please attach all Expense Receipts to this request form for reimbursement.

Building Principal Signature ____________________________

Superintendent Signature ____________________________