

**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 _____