



# Blackhawk School District

## Conference Expense/Reimbursement Voucher

.....  
*Please forward a hard copy of this document to your building principal.*

Name: \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Event: \_\_\_\_\_

Location: \_\_\_\_\_

**Please list each individual date across the top and list all expenses incurred on each date below.**

**Please staple all receipts to this form.**

**You will be reimbursed for all expenditures listed below upon submission and approval of this form.**

### Dates

\_\_\_\_\_

### Travel Expenses (circle one)

Air Fare

Bus

\_\_\_\_\_

### Automobile Expenses

# of miles traveled:

\_\_\_\_\_

# of miles x \$.67/mile:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Parking costs:

\_\_\_\_\_

Tolls:

\_\_\_\_\_

Taxi costs:

\_\_\_\_\_

### Lodging Expenses

Include tax and tip:

\_\_\_\_\_

### Meals

Include tax and tip:

\_\_\_\_\_

### Other

Attach description:

\_\_\_\_\_

### TOTAL:

\_\_\_\_\_

Amount of Advance Payment: \_\_\_\_\_

Net Amount Payable to BSD: \_\_\_\_\_

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Building Principal signature: \_\_\_\_\_

Date: \_\_\_\_\_

ASN#: \_\_\_\_\_

**\*Building office: Please forward this document to the Superintendent's Secretary at District Office.**

*Revised 01/2024*