

P.O. _____

CUYAHOGA HEIGHTS BOARD OF EDUCATION EXPENSE VOUCHER - PROFESSIONAL CONFERENCE

PAY TO:

Name _____

Name of Conference _____ Date Board Approved _____

Location/City of Conference _____ Date(s) of Conference _____

Description of Meeting Attached?

Information Shared with Department Members

ACTUAL EXPENSES

Itemized original receipts must be attached for all expenses (except mileage).

Mapquest must be attached for mileage. Use the SCHOOL address, not the employee's residence.

*Mileage _____ miles @ IRS rate \$ _____

*Parking \$ _____

*Lodging \$ _____
(Employee is responsible for applicable tax exempt forms)

*Registration \$ _____

* Meals \$ _____
(15% tips and taxes for out of town meals are reimbursable after review by Treasurer's office)

*Transportation Fares \$ _____

*Other (Itemize) _____ \$ _____

TOTAL: \$ _____

This is a true and accurate account of expenditures incurred.

Signature of Employee Date

Signature of Superintendent Date

CODE: (For Treasurer's Office Use Only)