



WEST MIFFLIN AREA SCHOOL DISTRICT  
West Mifflin, Pennsylvania 15122

**Conference Travel Expense Report**

Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Conference \_\_\_\_\_  
 Location of Conference & Dates \_\_\_\_\_

|  | Estimated<br>Expense: | Ppd. Ck #<br>Ck. Date: _____ | Adv. Ck #<br>Ck. Date: _____ | Actual<br>Expense: |
|--|-----------------------|------------------------------|------------------------------|--------------------|
| <b><u>TRANSPORTATION</u></b>             |                       |                              |                              |                    |
| (1) Car: Mileage _____ @\$0. _____       | _____                 | _____                        | _____                        | _____              |
| (2) Bus: (Attach Receipt)                | _____                 | _____                        | _____                        | _____              |
| (3) Train: (Attach Receipt)              | _____                 | _____                        | _____                        | _____              |
| (4) Airline: (Attach Receipt)            | _____                 | _____                        | _____                        | _____              |
| <b><u>LODGING</u> – (Attach Receipt)</b> |                       |                              |                              |                    |
| (1) Hotel: _____ #Nights @ \$ _____      | _____                 | _____                        | _____                        | _____              |
| (2) Food: _____ #Meals (Receipts)        | _____                 | _____                        | _____                        | _____              |
| <b><u>MISCELLANEOUS</u></b>              |                       |                              |                              |                    |
| (1) Registration: (Attach Receipts)      | _____                 | _____                        | _____                        | _____              |
| (2) Tips, Taxi: (Attach Receipts)        | _____                 | _____                        | _____                        | _____              |
| (3) Parking: (Attach Receipts)           | _____                 | _____                        | _____                        | _____              |
| (4) Turnpike: (Attach Receipts)          | _____                 | _____                        | _____                        | _____              |
| <b>TOTALS:</b>                           | _____                 | _____                        | _____                        | _____              |

Signature for Advance \_\_\_\_\_ Date \_\_\_\_\_

**ACTUAL PAYABLE** \$ \_\_\_\_\_

**REFUND DUE TO SCHOOL DISTRICT** \$ \_\_\_\_\_  
*(Payable to West Mifflin Area School District)*

I certify that I attended this conference:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_  
 Superintendent

**PLEASE NOTE:** All receipts must be attached or payment may be withheld –  
 School Code Section 516,616.1 and 517.