



**WESTWOOD COMMUNITY SCHOOL DISTRICT
CONFERENCE/CONVENTION/WORKSHOP EXPENSE REPORT
FORM 19**

Travelers Name: _____

Name of Conference/Workshop: _____

Location of Conference/Workshop: _____

Date of Conference/Workshop: _____

ACTUAL EXPENSES:

Hotel	_____
Air Fare	_____
Ground Transportation	_____
Meals	_____
Other	_____

TOTAL: _____

Date Submitted

Requestor's Signature

Approval for Payment:

Principal/Supervisor

Superintendent/Financial Officer

The following items must be attached to this expense report:

1. Hotel Bill
2. Transportation receipt or itemized mileage form
3. Original Receipts for meals
4. Original Receipts for other expenses

FOR CENTRAL OFFICE

AMOUNT EXPENSED \$ _____ Account # _____

LESS ADVANCE \$ _____

LESS PREPAID ITEMS \$ _____

AMOUNT TO BE REIMBURSED/OWED \$ _____