

MINFORD BOARD OF EDUCATION

EXPENSE REPORT

Name: _____ Date of Meeting: _____

Meeting/Conference: _____
(Please submit a copy of Professional leave form when applicable.)

Miles: _____ Amount @ \$.67 per mile: _____
Effective: January 2024

*Lodging: _____

*Parking: _____

*Meals: _____

*Registration: _____

*Receipts must be attached. Total Expenses: _____

I hereby certify the above to be a true and accurate account of expenses incurred as indicated.

Signed: _____ Date: _____

Approved By: _____ Date: _____
Superintendent