MINFORD BOARD OF EDUCATION

EXPENSE REPORT

Name:_____ Date of Meeting:_____

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

Miles:_____ Amount @ $.76 per mile:_____
Effective: January 2026

*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

PRINT CLEAR FORM