

**IOWA-MISSOURI CONFERENCE
EDUCATION OFFICE
TRAVEL EXPENSE FORM**

Name: _____

CONFERENCE EVENT

Date(s) of Meeting: _____

Regular Expenses:

Mileage

.50/mile, this includes miles to and from the airport

_____ miles

\$ _____

Lodging

Receipt must be attached for reimbursement

\$ _____

Pre-authorized Miscellaneous Expenses:

Receipts required

\$ _____

\$ _____

\$ _____

Total Reimbursement

\$ _____

Signature

Date

Superintendent Signature

Date

OFFICE USE ONLY

____ Conference covered expense

____ Bill to Mid-America Union