

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

Name: _____

_____ MAUC Committee

Date(s) of Meeting: _____

_____ Professional Development

_____ Interview

_____ Other

Regular Expenses:

Airfare (must be purchased more than 3 weeks in advance of meeting) \$ _____
Receipt must be attached for reimbursement

Lodging \$ _____
Receipt must be attached for reimbursement

Mileage \$ _____
.50/mile, this includes miles to and from the airport _____ miles

Per Diem \$ _____
Full day \$58.00, half day \$29.00 _____ days

Pre-authorized Miscellaneous Expenses:

Receipts required

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Reimbursement \$ _____

Signature

Date

Superintendent Signature

Date

OFFICE USE ONLY

_____ Conference covered expense

_____ Bill to Mid-America Union

2/1/2024