

**Warren County Board of Education
Meeting and Conference Travel Form**

Name: _____ SSN: _____

Address: _____

| In-County Meetings | Office Use Totals |
|---|----------------------|
| <p>Please complete this form and leave it after attending a meeting or return it as soon as possible to the Superintendent's office.</p> <p>Please check appropriate box and complete information requested.</p> <p>Meeting attended:</p> <p><input type="checkbox"/> Regular Board Meeting/Date _____</p> <p><input type="checkbox"/> Work Session/Date _____</p> <p><input type="checkbox"/> _____ Committee Meeting/Date _____</p> <p><input type="checkbox"/> _____ Task Force Meeting/Date _____</p> | |
| Out-of-County Conference | |
| <p>Conference Attended: _____</p> <p>Location: _____</p> <p>Date and Time Left Home: _____</p> <p>Date and time Returned Home: _____</p> <p>Round Trip Mileage (Car): _____</p> <p>Meals: _____ # Breakfast _____ # Lunch _____ # Dinner</p> | |
| <p>Original receipt must be attached for reimbursement for expenses indicated. This applies even when an advance check or prepayment has been issued.</p> <p>_____ Airline Ticket Stub _____ Hotel Receipt _____ Parking _____ Registration</p> | |
| | Totals |

Vendor: _____ Account Code: _____ Total: _____

Board Member's Signature: _____ Date: _____

Superintendent's Initials: _____ Date: _____

Finance Officer's Signature: _____ Date: _____