

GANANDA CENTRAL SCHOOL DISTRICT
CONFERENCE/WORKSHOP CLAIM FORM

Name: _____ Date: _____

Address: _____

Conference Title: _____

Location of Conference: _____ Date of Conference: _____

Send this form along with approved conference request and receipts to the Business Office within 10 days of conference attendance. Original receipts are required when submitting all conference-related expenses; however "EZ Pass" statements may be submitted with appropriate charges highlighted. This form must be signed by claimant. Do not use this form to claim mileage.

DATE	DESCRIPTION OF EXPENSE (Toll fee, Meal, Parking)	TOTAL AMOUNT

TOTAL CLAIM \Rightarrow \$

The signature below certifies that all amounts claimed were actual and necessary, that the expenses were incurred by you the employee only, and only allowable expenses are included.

Date: _____

Signature of Claimant

Approval of School Purchasing Agent -

Date: _____

Signature of Purchasing Agent