

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE

620 Industrial, P.O. Box 760
Goddard, KS 67052
(316) 794-8641

CONFERENCE EXPENSE FORM

NAME: _____ DATE: _____

DATE OF CONFERENCE: From: _____ to _____

TYPE OF CONFERENCE (Name): _____

WHERE HELD: _____

EXPENSES:

Registration Fee: _____ (If Coop paid - Leave blank)

Transportation: _____

Gas * (Actual Cost): _____ (Fill up before leaving - Fill up on return -
Turn in return receipt only)

Meals: * _____

Lodging: * _____

TOTAL EXPENSES: _____

Deduct cost of meals included in registration fee.

* Please submit receipt. Reimbursement will not be granted unless receipt is submitted.

Reimbursement check to be sent to:

Name

Address

City

Zip

Amount to be reimbursed: \$ _____

_____ Approved _____ Disapproved

Larry N. Clark, Director