

**ST. JAMES R-I SCHOOL DISTRICT  
122 EAST SCIOTO STREET  
ST. JAMES, MO 65559**

**CONVENTION/WORKSHOP/MILEAGE EXPENSE FORM**

Name of convention/workshop \_\_\_\_\_

Location of event: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

**EXPENSES**

**(attach receipts – reimbursement will not be made without receipts)**

Lodging: \_\_\_\_\_

Meals: \_\_\_\_\_

(maximum reimbursement: \$10-breakfast/\$12-lunch/\$20-dinner per meals)

Mileage: 57.5 cents per mile) \_\_\_\_\_

TOTAL \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Funding: Student activity account: \_\_\_\_\_

Budget account code: \_\_\_\_\_

Grant: \_\_\_\_\_

(All expense forms must be approved by the building principal  
before sending it to the central office for reimbursement.)