



1220 Walnut
Oskaloosa, Ks 66066

Conference Expense Voucher

Attach receipts and submit by the 5th of the month for reimbursement. **DO NOT** include these expenses on a monthly mileage voucher.

USD name & number: _____

Name: _____ SS# _____

Address: _____

Conference Attended: _____

Dates: _____

Registration fee _____ Total Cost _____

Lodging
of Nights Stayed _____ Total Cost _____

Meals
of Days Used _____ Total Cost _____

Mileage
Total Miles Traveled _____ Total Cost _____
(_____ miles @ \$. _____)

Please Attach Receipts

