

**NORTHERN TIOGA SCHOOL DISTRICT  
EXPENSE STATEMENT**

*TO RECEIVE REIMBURSEMENT FOR EXPENSES DETAILED BELOW, PLEASE COMPLETE THIS FORM AND ATTACH THE CONFERENCE REPORT AND A COPY OF APPROVED CONFERENCE REQUEST FORM. (If applicable). Note: Principal will not sign unless conference report form is attached.*

Staff Member Name \_\_\_\_\_

DATE	NAME OF CONFERENCE OR WORKSHOP AND LOCATION	HOTEL	ITEMIZE MEALS	ITEMIZE OTHER EXPENSES	MILES	\$ AMOUNT FOR MILES	TOTAL

\* Attach receipts for ALL expenses except mileage

TOTAL \_\_\_\_\_

PAYCODE ACCOUNT NUMBER \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ (DATE)

SUPERVISOR APPROVAL \_\_\_\_\_ (DATE)

SUPERINTENDENT APPROVAL \_\_\_\_\_ (DATE)

**BUSINESS OFFICE USE ONLY**  
**APPROVED FOR PAYMENT**

Initials \_\_\_\_\_

Date Paid \_\_\_\_\_

Check No. \_\_\_\_\_

Check Amt. \_\_\_\_\_