SARANAC CENTRAL SCHOOL DISTRICT EMPLOYEE EXPENSE CLAIM FORM

Print Name:		Address:			
prohibited from	Conference Request form paying New York State Saleted to vendor at time of tranages, etc.).	es Tax. Tax Exemp	tion Forms are	available in t	he Business Office and
	EIMBURSEMENT:		T-1-1	IDO	T-1-1
Purchase Order #:	Trip Description:	<u>Date:</u>	Total <u>Miles:</u>	IRS <u>Rate:</u>	Total <u>Claim:</u>
'	BURSEMENT (detailed recei of this form for maximum cl		<u>d):</u>		
Jee Buon e					Total
<u>Date:</u>	Breakfast:	<u>Lunch:</u>	<u>Din</u>	ner:	<u>Claim:</u>
OTHER: Date: Description:			<u>Total Claim:</u>		
	<u>UST SIGN</u> . This is to certif n actually performed, furnish			•	
(Employee Signature)			(Date)		
	F ADMINISTRATOR/SUPER act, agreement or accepted actorily.	-	-		
(Administrator/Supervisor Signature)				(Date)	7/13/2010 (ld)

MAXIMUM REIMBURSABLE MEAL CHARGES

Per Board of Education Policy, maximum reimbursable meal charges, including gratuities, for persons traveling for district-related business shall be as follows:

- One day conference within 100 mile area:
 \$10 for lunch or conference fee.
- 2. One day conference outside 100 mile radius: \$30 per day for all meals.

The District does not reimburse persons traveling on district-related business for personal expenses including, but not limited to, pay television, hotel health club facilities, alcoholic beverages, theater and show tickets, and telephone calls and transportation costs unrelated to district business.