LOYALSOCK TOWNSHIP SCHOOL DISTRICT

CONFERENCE REIMBURSEMENT REQUEST

Employee Name: _____ **Date:** _____

Conference Name: _____

1. ALL APPLICABLE RECEIPTS MUST BE ATTACHED.
2. SUBMIT THIS FORM TO THE BUSINESS OFFICE WITHIN 3 WEEKS OF CONFERENCE FOR REIMBURSEMENT.
3. ATTACH PRINT-OUT OF CONFERENCE APPROVAL EMAIL.

I. TRANSPORTATION

Travel Dates	Miles (Personal Vehicle)	Actual Cost (Air, Rail, Bus, Etc.)	Amount (Miles x .76) (effective 7/1/26)
		Total	

II. MEALS

Travel Dates	Breakfast	Lunch	Dinner	Daily Amount
			Total	

III. LODGING

Travel Dates	Hotel / Motel Name	Amount
	Total	

IV. MISCELLANEOUS

Travel Dates	Expense Description	Amount
	Total	

(ONLY APPICABLE TAX WILL BE REIMBURSED)

V. TOTAL REIMBURSEMENT REQUESTED $_____

_____
CONFERENCE NAME

_____ _____
EMPLOYEE SIGNATURE DATE

_____ _____
APPROVAL SIGNATURE (SUPERVISOR) DATE

WAS THIS CONFERENCE FUNDED BY A FEDERAL OR STATE PROGRAM? ___NO ___YES

DISTRICT OFFICE USE

_____
DATE RECEIVED AT DSC

_____
ACCOUNTING CODE

Revised: 7/1/2026