

Northeast Kansas Education Service Center  
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**