DISTRICT 5970 EXPENSES

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Expense Purpose** |  |
|  |
| **Address** |  | **Email Phone** |  |
|  |
|  |  |  |

**EXPENSES** **Dates** **Details (attach all receipts)** **Amount**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Transportation** |  |  | [select] |  |  |
|  |  |  | [select] |  |  |
|  |  |  | [select] |  |  |
|  |  |  | [select] |  |  |
|  |  |  |
| **Own car** |  |  |  | x $0.70 per mile | $ 0.00 |
| **Lodging** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Meals** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Conference fees** |  |  |  |  |
|  |  |  |  |  |
| **Other** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal** | $ 0.00 |
| **Less amount pre-paid by District** |  |
|  |
| **Total amount owing** | $ 0.00 |

**Send completed expense form to:**

Suellen Kolbet PO Box 445

New Hampton, IA 50659 641-330-3118

des@district5970.org