

DELSEA REGIONAL HIGH SCHOOL  
FRANKLINVILLE, NJ 08322

**TRAVEL & CONFERENCE EXPENSES STATEMENT**  
(Submit to Board Secretary/Business Administrator  
immediately after the completion of each activity)

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Conference: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Dates Involved: \_\_\_\_\_

**FINAL EXPENSE TABULATIONS**  
(Attach all expense receipts, tolls, etc.)

**Event - No Overnight**

Date	Regist.	** Mileage	Tolls	Parking	Other Descript.	Amount	Total

**Event - Overnight**

Date	Regist.	** Mileage	Tolls	Parking	Other Descript.	Amount	Hotel	Breakfast	Lunch	Dinner	Total

\*\* Mileage Calculation: \_\_\_\_\_ Miles X \_\_\_\_\_ Amount Per Mile = 0

The above is correct in all particulars, the articles have been furnished or the services rendered as stated therein and no bonus has been given or received on account thereof

\_\_\_\_\_  
Claimant/Signature

\_\_\_\_\_  
Date