

*Lake Union Conference Office of Education*  
**WORKSHOP OR COMMITTEE EXPENSE REPORT**

This expense report is to be completed by the teacher/principal and submitted to the LUC Office of Education.

**Title of Workshop/Committee** \_\_\_\_\_

**Location** \_\_\_\_\_ **Date(s)** \_\_\_\_\_

Participant's Name \_\_\_\_\_ Address (Street/PO Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**School Representing** \_\_\_\_\_ **Conference** \_\_\_\_\_

**REPORTABLE EXPENSES:**

Mileage: # Miles _____ X Rate .42	\$ _____
*Air Fare: \$ _____ *Baggage Fees: \$ _____	\$ _____
*Airport Parking Fees: \$ _____	\$ _____
*Car Rental/Shuttle/Taxi: \$ _____	\$ _____
*Gas: \$ _____	\$ _____
Tolls: \$ _____	\$ _____
*Lodging: \$ _____	\$ _____
Tips: \$ _____	\$ _____
Per Diem: Will be added according to current LUC Policy	\$ _____
Other (Specify) _____	\$ _____
<b>TOTAL EXPENSES:</b> *Receipt required for reimbursement	\$ _____

**Teacher's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return To:**

Office of Education  
 Lake Union Conference of SDA  
 PO Box 287  
 Berrien Springs, MI 49103-0287  
 Fax: 269 471 7920  
 Email: sherrie.davis@lakeunion.org

<i>For Lake Union Conference Office Use Only</i>
TOTAL APPROVED \$ _____
DATE APPROVED _____
APPROVAL _____
Union Director's Signature