

**MID-AMERICA UNION OFFICE OF EDUCATION  
COMMITTEE EXPENSE FORM**

Committee: \_\_\_\_\_ Date(s) of Meeting: \_\_\_\_\_

Conference \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Regular Expenses:

Airfare (must be purchased more than 3 weeks in advance of meeting) .....\$ \_\_\_\_\_  
*Receipt must be attached for reimbursement*

Lodging .....\$ \_\_\_\_\_  
*Receipt must be attached for reimbursement*

Mileage..... \_\_\_\_\_ miles X \$0.42 = \$ \_\_\_\_\_  
*Includes miles to and from the airport*

Per Diem..... \_\_\_\_\_ days X \$50.00 = \$ \_\_\_\_\_

Preauthorized Miscellaneous Expenses:  
*Receipts required*

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Reimbursement \$ \_\_\_\_\_**

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

*Return to:* Mid-America Union Office of Education P.O. Box 6128 Lincoln NE 68506

*Mid-America Union will provide reimbursement to the conference/academy for processing through the payroll center.*

**MAUC Account: 872100-128811**