

**TEMPORARY DUTY EXPENSE FORM**  
**Personal Expenses For Overnight Stay Only**

Applicant's Name \_\_\_\_\_

School \_\_\_\_\_

Date Submitted \_\_\_\_\_

Account Number to be Charged \_\_\_\_\_

The actual number of days absent will be: \_\_\_\_\_

I will leave Covington \_\_\_\_\_ at approximately \_\_\_\_\_  
Month, Day and Year Time

I will return to Covington \_\_\_\_\_ at approximately \_\_\_\_\_  
Month, Day and Year Time

Name of Conference: \_\_\_\_\_ Location: \_\_\_\_\_  
City / State

**Estimated Personal Expenses For Which Reimbursement Will Be Requested:**

Transportation: # miles at 65.5 cents/mile \_\_\_\_\_ Other (Designate: plane, etc.) \_\_\_\_\_ \$ \_\_\_\_\_  
**Sub-Total**

Meals are Reimbursed Only When Overnight Stay is required at the rate of \$46 per day.

Number of Overnight Stays: \_\_\_\_\_

Room: Number of Nights \_\_\_\_\_ @ \$ \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Miscellaneous Expense (Other Tips, etc.) Please List: \_\_\_\_\_

Total Estimated Expenses \$ \_\_\_\_\_

**Please attach to eschool mall requisition and submit prior to attending the conference.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommended by Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

*Upon return from the conference, complete a Request for Reimbursement Form and send to Accounts Payable*

**NOTE \* Any Expense for Room, Registration Fee and Miscellaneous Expenses  
Must Be Accompanied by a Receipt for Reimbursement\***